



Application for Membership with ShowStoppers Car Club

Applicant Information:

Name: _____ Spouse (optional): _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone # _____ Cell Phone # _____

Check Here if you do not want your information posted on the membership roster

Vehicle Information:

Year: _____ Make: _____ Model: _____

X

Signature of Applicant

Date

Membership Fee is \$10.00 per fiscal year (June 1st through May 31st)