



Membership Application

www.rivercitycamaroclub.com

Member Information

Full Name: _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Of Birth: _____ Occupation: _____ Talents: _____

Check One:

River City Camaro Club River City Car Club River City Community Outreach Club

Vehicle Year _____ Color _____ LP Tag# _____

Insurance Provider _____ DL Expiration Date _____

Have you ever been a member of a club or non-profit organization? YES NO Will you be interested in attending/entering car shows? YES NO

Have you ever worked in a Hospitality Industry? YES NO

Have you ever been involved in Community Outreach Programs YES NO

If yes, explain: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature

I certify that I would like to join R3C. My membership bounds me to R3C By-Laws.

Signature: _____ Date: _____