

Memory Lane Cruisers Membership Application

Name _____ Spouse _____

Kids Name(s) (under 18) _____

Address _____

City _____ State _____ Zip _____

Birthdates: (month & day) _____ Birthdates: (month & day) _____

Anniversary date: _____

Phone Number Home: _____ Cell _____

Email Address _____

*****CAR / TRUCK INFORMATION*****

Make _____ Model _____ Year _____ Color _____

Signature: _____

Name of Memory Lane buddy: _____

Annual Dues: \$25.00

If you join between January to June = Dues are \$25.00

If you join between July to September = Dues are \$20.00 for 1st year

If you join between October to December = Dues are \$15.00 for 1st year.

Then the Annual Dues are applicable.

Welcome to Memory Lane Cruisers
Website: www.memorylanecruisers.net



Mail Application & Check to:

**Memory Lane Cruisers
923 Commerce Street
Clarksville, TN 37040**