

# Memory Lane Cruisers

## Membership Application

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Kids Name(s) (under 18) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

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

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Memory Lane buddy: \_\_\_\_\_

### Annual Dues:

January – June = \$25.00

July – December = \$15.00

Welcome to Memory Lane Cruisers  
Website: [www.memorylanecruisers.net](http://www.memorylanecruisers.net)

### Mail Application & Check to:

Memory Lane Cruisers  
Jackie Perkins, Treasurer  
2259 Ellington Gait Drive  
Clarksville, TN 37043

