



Membership Application

Name _____ Date _____
Last First MI

Mailing Address _____
Number Street

City State Zip

Telephone: Home (____) _____ Alternate # (____) _____

E-mail address: _____

Year / Model / Color of your car(s):
_____/_____/_____
_____/_____/_____

Type of Membership:

Month Joining: _____ / Full (July - June) \$25.00/year _____ Half (Jan - June) \$12.50 _____

Mail this form with payment to:

Cruzín' Camaro Sports Club
P.O. Box 278
Pierre Part, LA 70339

We are a family orientated club that:

raises money to donate to such things as Mary Bird Perkins, American Cancer Society, Easter Seals, & looking into scholarships.

Join us for a good time & a good cause!

Application without payment will not be processed.

CCSC is a Non-Profit Organization
For more information contact
President Jose Leal Jr @ 985-518-5803
Or Vice President Beth Mendoza @ 225-247-9091
cruzincamaros.org

MEMBERSHIP NUMBER _____

EXPIRES _____