



NEW MEMBERSHIP APPLICATION

All information contained in this application will be treated in a confidential manner

MEMBERS NAME: _____ DATE: _____

SPOUSES NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WK: _____

E-MAIL ADDRESS: _____

MEMBERS DATE OF BIRTH: MONTH: _____ DATE: _____

NAME OF CHILDREN: _____

AUTOMOBILES BEING REGISTERED:

YEAR: _____ MAKE: _____ MODEL: _____

YEAR: _____ MAKE: _____ MODEL: _____

YEAR: _____ MAKE: _____ MODEL: _____

YEAR: _____ MAKE: _____ MODEL: _____

PLEASE RETURN THIS FORM TO:

**High Rollers Car Club
P.O. Box 26
Riverview, FL 33568-0026**

Membership FEE: \$20.00

Payment Received Date: _____ Method of Payment: _____

Website: www.hr-carclub.com E-mail: info@hr-carclub.com President: Carl Sheran PH: 813-431-6193