



## FC&MCC MEMBERSHIP APPLICATION

To apply for membership in the Fredericksburg Classic & Muscle Car Club (FC&MCC), please complete the form below and return, with payment to: **FC&MCC, P.O. Box 41044, Fredericksburg, VA 22404**

### PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Optional)  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_ (Optional)  
Address/Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

Single  Married

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (Optional)

**IF APPLYING FOR FAMILY MEMBERSHIP** Please list names and ages of children **under age 21**:

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

### AUTOMOBILE INFORMATION:

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

### PRIMARY INTEREST(S) IN FC&MCC:

Please indicate the area(s) of FC&MCC in which you plan to participate, or which interest you most. Thank you.

Cruise-Ins  Annual Show  Club Meetings

### Annual Dues

Individual/Family Membership **\$ 20.00**

I hereby apply for membership in the FC&MCC and agree to abide by the bylaws.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Vote:  Approved  Disapproved Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy Policy:** The FC&MCC believes that your privacy is very important, therefore we will not disclose any information provided on this form to any organization without your written permission.