

2010
**WHEELS THAT HEAL CAR CLUB
MEMBERSHIP/RENEWAL APPLICATION**

Name _____ Birthday _____ / _____ / XXXX
Month / Day / Year

Spouse's Name _____ Birthday _____ / _____ / XXXX
Month / Day / Year

Address _____

City - State - Zip _____

Telephone # () _____ - _____

E-mail _____

Year - Make - Model of vehicle(s)

_____ / _____

_____ / _____

Membership Dues \$25.00 family per year - Due by 01/31/2010*

I understand that I will be required to join one of the club's committees and share in the organization of car shows and other car related club activities.

_____ Signature _____ Date _____ / _____ / _____

Please make checks payable to: WHEELS THAT HEAL CAR CLUB

Mail to: Marie Villa - 303 Valleywood Dr., Salisbury, MD 21804 (410-334-6739)

*Members joining after June 30th of each year will pay dues of \$12.50 for the balance of the current year.