

The Gents Auto Club, Inc.
Membership Application

1st MTG _____

2nd MTG _____

3rd MTG _____

MEMBER NAME: _____

SPOUSES NAME: (If Applicable) _____

DOB: (Optional) _____

ANNIVERSARY: (If Applicable) _____

STREET ADDRESS: _____

City-State-Zip: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

SPONSOR: _____

VEHICLE DESCRIPTION: YEAR _____ **MAKE** _____ **MODEL** _____

PLEASE PROVIDE A PICTURE OF YOUR CAR WITH THIS FORM! *REQUIRED

WHY DO YOU WANT TO BE A MEMBER OF THE GENTS AUTO CLUB?

Please add additional sheet of paper if necessary!