



**Tri-Lakes Cruisers Car Club
MEMBERSHIP FORM
www.trilakescruisers.com**

Last Name _____

First Name _____

Email address: _____

Cell phone number: _____

Address: Street _____

City _____ State _____ Zip _____

Vehicle(s) Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

Dues: \$35.00 Make \$35 check payable to: Tri-Lakes Cruisers
Mail to: Tri-Lakes Cruisers
P.O. Box 2902
Monument, CO. 80132

Member accepts all current rules and regulations.

Signature: _____ Date: ____/____/____