

Membership Application

Date _____

Membership

Mail In

Meeting

Cruise-In

PERSONAL INFORMATION

First Name			
Last Name		Vehicle Year	
Spouse		Vehicle Make	
Date of birth		Vehicle Model	
Email		How did you hear about us?	
Phone			
Address			
City		Postal Code	

AGREEMENT AND SIGNATURE

By signing this form, the applicant agrees to abide by the rules and regulations of CCTCB as stated in the club bylaws.

Please return this completed form and membership dues (\$35.00 per annum) to:
CCTBC P.O. Box 1952, Beaufort, SC 29901

Signature _____

Today's Date _____



843-521-4372



cctcb1999@gmail.com



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