

Igniters Car Club, Inc.
Membership Application

Application Date: ___/___/___

Name _____ Phone _____

Address _____ State/Prov. _____ Zip: _____

E-mail: _____

Occupation: _____ Age (optional) _____

Who is sponsoring you (car club member): _____

Three (3) references & phone numbers we may contact:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

What is your major automotive interest? (restoration of classics, street rod, custom, general, other)

What can you contribute to the club or to the car show?

State your reason for requesting membership:

Do you own a car, truck or motorcycle of particular interest? Yes ___ No ___

Year: _____

Make: _____

Model: _____

What area of automotive field do you have experience in?

A completed copy of this form, accompanied by \$25 (individual) or \$35 (family) yearly dues must be submitted to the officers of the Igniters Car Club, P.O. Box 611, Libby, MT 59923 or at a regular business meeting held the first Wednesday of each month, prior to being considered for membership.

SIGNATURE: _____

Parent Signature required if under the age of eighteen (18): _____

Accepted ___ or Denied _____

Dated this _____ day of _____, _____.