



www.wheelsthatheal.com

MEMBERSHIP APPLICATION WHEELS THAT HEAL CAR CLUB

Name _____ B'day _____

Spouse's Name _____ B'day _____

Address _____

City-State-Zip _____

Tel: Home () _____ - _____ Cell () _____ - _____

Email _____

Year-Make-Model of Vehicle(s):

Membership Dues \$25.00 family per year – Due by December 31st.

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: **Shirley Orem
36304 Brittingham Road
Delmar, DE 19940
302-875-9612 – Home
443-359-0471 (Cell)
E-mail – dennyandshirl@hotmail.com**

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