



www.wheelsthatheal.org



MEMBERSHIP APPLICATION Wheels That Heal Car Club

Name _____ B'day _____

Spouse/Significant other Name _____ B'day _____

Address _____

City-State-Zip _____

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

Cell () _____ - _____

Email(s) _____

Year-Make-Model of Vehicle(s) (use back or second sheet if necessary)

Membership Dues \$25.00 family per year - Due by January 31st.

We strongly encourage you 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: **Wheels That Heal Car Club**
P.O. Box 1754
Salisbury, MD 21802

Carol Mixter 410-459-8842
ccrouse1@verizon.net or wheelsthatheal@gmail.com

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