



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):

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

We 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 Mixer 410-459-8842

MA123022

ccrouse1@verizon.net or wheelsthatheal@gmail.com

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