

Southern Cruisers of Statesboro, Georgia

APPLICATION

Member's Name _____

Spouse's Name _____

Is your spouse also a member? _____

Mailing Address _____

Phone (Home) _____

Phone (Cell) _____

Do you prefer us to use your home or cell phone to reach you? _____

Email Address _____

Do you prefer to receive information via email or text message?

Your Birthday (month and day) _____

Spouses Birthday (month and day) _____

Anniversary Date (if applicable) _____

Cars owned: _____

Projects: _____

MEMBER Signature _____ Date _____