



TRINITY TOURING CLUB

MEMBERSHIP APPLICATION

NAME

SPOUSE

ADDRESS

CITY	STATE	ZIP
_____	_____	_____

PHONE#

E-MAIL

CAR NUMBER REQUESTED (FIRST COME, FIRST SERVED)

1st: _____

2nd: _____

CHECK ONE

- 1 YEAR DUES FOR SINGLE - \$30.00
- FAMILIE DUES (ALL MEMBERS IN SAME HOUSE) - \$35.00

ADDITIONAL FAMILY NAMES

IN CASE OF EMERGENCY

CONTACT: _____

PHONE #: _____

AMOUNT PAID

\$ _____

DATE

PAID BY:

- CHECK# _____
- CASH
- M.O.

MAIL TO:	TRINITY TOURING CLUB P.O. BOX 493234 REDDING, CA 96049
	OR BRING TO NEXT MEETING