



Complete and return  
By e-mail at:  
SWCCC Membership Chairman  
Swclassic.org@gmail.com

## ***SOUTHWEST CLASSIC CAR CLUB***

### ***APPLICATION FOR MEMBERSHIP***

(PLEASE PRINT)

**Name** \_\_\_\_\_ **Spouse Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Members Birth Month** \_\_\_\_\_ **Spouse Birth Month** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Anniversary Month** \_\_\_\_\_

**Telephone Number** **Cell:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date :** \_\_\_\_\_

#### **MEMBERSHIP AND DUES**

***Per Year***

- **Membership (*includes spouse if applicable*).....\$30.00**
- **Life Membership (*includes spouse if applicable*).....\$200.00**

**Make Checks Payable to SWCCC and mail to "Treasurer" SWCCC  
15411 Felix Rd. El Paso, TX 79938**

#### **CLASSIC CARS (25 years or older)** (list oldest first)

**YEAR:**

**MAKE:**

**MODEL:**
