

2004
Twin City Cruisers
 Membership Form



Last Name: _____

First Name: _____ Spouse's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ E-Mail: _____

I would like to receive my TCC Cruisin' News via E-Mail: Yes No

Birth date: _____ Spouses: _____

Anniversary: _____

Children: (Under age 18)

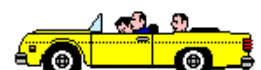
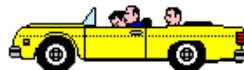
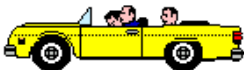
Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Other Clubs: _____

Vehicle(s): _____



Please complete this form and mail it with a check for the Dues to:

Twin City Cruisers
 P.O. Box 634
 Bloomington, IL 61702-0634