

**“Southern Knights Cruisers, Inc.”
Virginia**

MEMBERSHIP APPLICATION

NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ Do you belong to any other car clubs? ☐ Yes ☐ No

If yes, identify each. _____

Have you ever held an Office? Present ☐ or Past ☐ ? Identify: _____

Why do you wish to be a member of this club? _____

If approved as a member, What area would you like to work in? Cruise-in? _____

OTHER: _____

*OTHER: This would be any special talents you might be able to provide to for the “Club,” or any special activities that interest you or your family – Such as cruise-ins, car-fest/flea markets, car shows, cook-outs, music, your profession, etc.

Confidential Information Below - Kept as Such.

Have you ever been convicted of a Felony? _____ If the answer is yes, please explain. _____
_____. Has your license to drive been revoked in the past 5
years or have you been convicted of DUI? _____ If yes, please give date and location where convicted or
contact a Club Officer or Director.

SIGNED: _____ DATE: _____

By my signature, I certify that all the information given is true. I further certify I have read the club By-Laws and agree to abide by them. I understand that any false information given will result in my membership being unapproved and/or revoked. My membership is a privilege and any violation of club rules will revoke it.

ENDORSED BY: _____
SIGNATURE PRINT NAME DATE

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SIGNATURE PRINT NAME DATE

TO BE COMPLETED BY EXECUTIVE BOARD

APPROVED: _____ DATE: _____

MEMBER OF EXECUTIVE BOARD

Application guidelines - Please print your name address and phone number. Have two Active Club Members sign this application, as your sponsor. Lack of sponsors will mean automatic disapproval of application. Any questions concerning membership should be directed to a Club Officer or Director.

SOUTHERN KNIGHTS CRUISERS, INC.

ROSTER INFORMATION

Birth Date
(month & day only)

Last Name: _____

First Name: _____

Spouse: _____

First names of children (under 21):

Address: (include city, state, zip)

Classic Vehicles owned (if any) Year, Make, Model

Important Numbers:

Home Phone _____

Work Phone (Mr) _____

Work Phone (Mrs) _____

Cell Phone (Mr) _____

Cell Phone (Mrs) _____

Email address _____

Web Site Address _____

Remember – our roster is confidential for “Members Only”

Please turn in to President or Secretary

Thanks