

**GABRIOLA Cruisers**  
**MEMBERSHIP APPLICATION**  
 Membership Year July 1, 2020 - June 30, 2021

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/Prov \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_



**Other Family Member:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**My Interests in the club include:**

Attending Club Events	
Bicycles	
Cars	
Electric Vehicles	
Motorcycles	
Restorations	
Tool Sharing	

**I would like to volunteer to help as follows:**

Executive	
Organizing Events	
Updating Facebook Page	
Working on Newsletter	
Working on Web Page	

**Vehicles Owned:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yearly Membership Fee:       \$25.00     Includes up to 2 Family Members  
 Name Tag:                       \$10.00     Each

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

Information will not be shared with outside businesses or organizations


Membership Fees Received  
Name Tag Fees Received

Name to be Printed on Name Tag #1:

---

Name to be Printed on Name Tag #2:

---