



## Membership Application

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

List Year and Model of Ford Truck(s) owned. List all modifications and special features:

\_\_\_\_\_  
\_\_\_\_\_

I understand that the First Coast F-100 & F-1 Club of Jacksonville, FL will not be held responsible for the actions taken by any individual member(s). I will not hold the First Coast F-100 & F-1 Club of Jacksonville, FL. responsible for any actions taken for the benefit of the club. I understand I will maintain state required insurance on all vehicle(s) involved in any club functions. Therefore: I will not hold the First Coast F-100 & F-1 of Jacksonville, FL. liable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance of this application will be by an approving vote of the club membership during the next regular meeting. Dues are \$25.00 per year. Print out, complete, and hand in at our regular meeting or FAX to: 904-391-0043.