



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 \$10.00 per year per person, or \$20.00 per couple. Print out, complete, and hand in at our regular meeting or FAX to: 904 212-1003.