

Memory Lane Cruisers

Membership Application

Name _____ Spouse _____

Kids Name(s) (under 18) _____

Address _____

City _____ State _____ Zip _____

Birthdates: (month & day) _____ Birthdates: (month & day) _____

Anniversary date: _____

Phone Number Home: _____ Cell _____

Email Address _____

*****CAR / TRUCK INFORMATION*****

Make _____ Model _____ Year _____

Signature: _____

Name of Memory Lane buddy: _____

Annual Dues: \$25.00

(Expires: December 31st)

Welcome to Memory Lane Cruisers
Website: www.memorylanecruisers.net



Mail Application & Check to:

Memory Lane Cruisers
Jackie Perkins, Treasurer
2259 Ellington Gait Drive
Clarksville, TN 37043