



Ocean City Cruzers

Est. 2002

MEMBERSHIP FORM

Name: _____

Spouse/Companion: _____

Membership	
New	<input type="checkbox"/>
Renewal	<input type="checkbox"/>

Birthday: _____ Sp/Cpn Birthday: _____ Anniversary: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Primary Telephone: _____ Secondary Telephone: _____

Email: _____ Interested in Volunteering? _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Cost \$25.00 / Family

Make Checks Payable To: Ocean City Cruzers

Mail To: Ocean City Cruzers c/o Mary Greenwood 34447 Fox Hound Ct. Parsonsburg, MD 21849