

MEMBERSHIP APPLICATION

SHASTA CLASSICS, Inc.

P.O. Box 990175

Redding, CA. 96099

Name _____ Spouse _____

Children _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

E-mail Address _____

Occupation _____

Classic (Year & Model) _____

Where & when did you get it? _____

Color _____ Engine _____

Transmission _____

Interior _____

Wheels & Tires _____

Options _____

Please list below the Birth dates of yourself and family members:

Name _____ Month _____ Day _____

Name _____ Month _____ Day _____

Name _____ Month _____ Day _____

entire voting membership. If after discussion, said proposal(s) shall then be submitted to the members present for final approval at the next regularly scheduled business meeting.

HEADLIGHTS ON MEMBERS

Name(s) _____

Year/Type of Classic _____

Please share with us a few paragraphs about yourself and your family. Possibly tell us if you have lived in the area long, where you went to school, your hobbies, and interests.