

Krusin Klassics Membership Application

Last name: _____

First name: _____

Mailing address: _____

Phone: _____ EMAIL: _____

Spouse's name: _____

Make of car(s): _____

Model(s): _____

Year(s): _____

Your hobbies/interests: _____

Please list any skills and/or special talents that you could share with the club members:

Single: \$5.00

(please circle one)

Family: \$10.00

Signature: _____

Date: _____

Please mail this completed application and first year dues to:

Krusin Klassics
P.O. Box 1321
Escanaba, MI. 49829

Krusin Klassics will not be responsible for any property damage or personal injury that may occur while attending, not attending, or traveling to or from a club event or function.