

TLCA South Sound Cruisers

Membership Application

Last Name: _____

First Name: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Toyota 4WD Vehicle Model: _____ Year: _____

IH8MUD.com or other online alias: _____

Vehicle Liability Insurance: Yes No (Circle one)

I/We hereby apply for membership in the South Sound Cruisers for Toyota vehicle owners only.

I/We will obey all rules and regulations set forth by the Board of Directors as allowed by the Association Bylaws.

I/We understand that/our name and other information may be given to other members for the express purpose of contacting fellow members in a given area. I/We also understand that this information may be given to Associate Members for use in membership verification or for marketing their products only. This information will NOT be sold to any outside companies.

Signed: _____ Date: _____

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