

MEMBERSHIP APPLICATION

P.O. Box 237 – Ocean Park, Washington 98640 (360) 665-3565 http://www.beachbarons.com

MEMBER INFORMATION	Membership Year:		(VP use only)
First Name:	Last Name:		
Mailing Address:			
City:	Stat	e: Zip:	
Home Phone:	Cell Phone:		
Email Address:			
Birthdate:			
SPOUSE INFORMATION			
First Name:	Last Name:		
Cell Phone:			
Email Address:			
Birthdate:			
ADDITIONAL INFORMATION			
Classic Car Info: (Not Necessary to h	ave a car, however; it is inter	esting informat	ion if you do)
Year: Make:	Model:		
Special Information:			
Wedding Anniversary:			
Your Special Skills:			
Spouse Special Skills:			
Mtg 1 Date:	Mtg 2 Date:		
Sponsor Name:	Length	of acquaintance:	