

SOUTHERN CALIFORNIA MINI-TRUCK COUNCIL

2010 RENEWAL APPLICATION \$35.00

PLEASE PRINT CLEARLY

CLUB NAME: _____

MAILING ADDRESS NAME: _____
MAILING ADDRESS: _____
City: _____ State: _____ ZIP: _____
E-MAIL Address: _____
Club Website : _____
Contact number for publication on web site: _____
Do You Authorize the SCMTC to Email You Instead Of Direct Mail? YES _____ NO _____

Meeting Place _____ Day & Time Of Meeting _____
President: _____ Phone _____
Address: _____
City: _____ State: _____ ZIP: _____
Vice President: _____ Phone _____
Address: _____
City: _____ State: _____ ZIP: _____

A COPY OF YOUR MEMBER ROSTER AND CLUB BY-LAWS IS REQUIRED EVERY YEAR
Even if you gave us this info last year, we still need a new copy

CLUB President's Signature

CLUB Vice- President's Signature

******* FOR COUNCIL OFFICERS USE ONLY *******

Date Received: _____ Form Of Payment: _____
Application Complete : Roster Of Members _____ Club by-laws _____ Application OK'd _____