

SOUTHERN CALIFORNIA MINI-TRUCK COUNCIL

2010 NEW CLUB APPLICATION \$45.00

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: _____

Please list two SCMTC member clubs that are familiar with your club

1. CLUB _____ PRESIDENT _____

2. CLUB _____ PRESIDENT _____

A COPY OF YOUR MEMBER ROSTER, CLUB BY-LAWS & CLUB LOGO IS ALSO REQUIRED

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 _____