



MEMBERSHIP APPLICATION

Name _____

Spouse _____

Address _____

City, State, Zip Code _____

Home Phone _____

E-Mail _____

Spouse E-Mail _____

Work Phone _____ Spouse Work Phone _____

Cell Phone _____ Spouse Cell Phone _____

Allanté Model Year _____ Color _____

VIN Number _____

I understand that unless I notify the Club otherwise, the above information will be included in the membership directory. I have enclosed \$40.00 to cover my one (1) calendar year membership dues in the Allanté Atlanta Car Club.

Signature _____ Date _____

Mail to: Jim Sebastian,
Secretary/Treasurer
3712 Cherokee St NW
Kennesaw, Georgia 30144-6716
770-424-5886