

Top of Ohio Cruisers  
PO Box 893  
Bellefontaine, Ohio 43311

**Membership Form**

Names: \_\_\_\_\_  
(Yours) (Spouse) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdays: \_\_\_\_\_ (Yours) \_\_\_\_\_ (Spouse)

Type of Classic (Year/ Make/Model)

\_\_\_\_\_  
\_\_\_\_\_

Ideas you would like the club to consider:

\_\_\_\_\_  
\_\_\_\_\_



Annual dues are \$15.00. Please mail payment to above address.