



**LOWCOUNTRY MUSCLE CAR**  
Charleston, SC  
[www.lowcountrymusclecar.com](http://www.lowcountrymusclecar.com)  
**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:		Email:	
Spouses Name:	Home Phone:	Cell Phone:	
Current address:			
City:	State:	ZIP Code:	
Referred to the organization by:			

**VEHICLE INFORMATION**

YEAR:	What other vehicles do you own?
MAKE:	
MODEL:	
ENGINE:	
COLOR:	

**WHAT ARE YOUR OWNERSHIP OBJECTIVES?**

Maintain       Restore       Customize       Show       Race

**MEMBER PRIVACY**

We respect your privacy! Your contact # and photo will be available to members only. If you prefer not to share this info with fellow club members, check the appropriate box.

Do **NOT** share member photo       Do **NOT** share phone#

**DUES**

Dues are \$20 annually. Memberships run from January-January.

Please make check payable to:

Lowcountry Muscle Car  
PO Box 41164  
Charleston, SC 29423

-CLUB USE ONLY-

PAID
MONTH:
YEAR:
BY:

**SIGNATURES**

Signature of applicant:	Date:
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