Membership Application

Name: _____ _____ _____ Date: _____

First Middle Initial Last

Address: _____

_____ _____ _____

City State Zip

Phone: _____ Alternate Phone: _____

Birthday (Optional) _____ E-mail Address:_____

Type of Membership: (check one) ☐ Individual ☐ Family ☐ Associate

If Family Membership, names of family members: _____

_____

Type of MINI: __ MINI Cooper __ MINI Cooper S __ Vintage Mini

When purchased? _____ Where? _____

Body Color: _____ Roof Color: _____

Any distinguishing customization? _____

_____

What do you most want to get from your Club experience?

_____

_____

_____

Cub dues are: Individual $20, Family $25, Associate $15, payable yearly on your anniversary date. Make checks payable to Smoky Mountain MINI and bring to the next meeting. Meetings are held month at a location announced on our website.