



Black Hills Area of So. Dakota
Membership Application

Member Name: _____

Birthday: _____

Spouse: _____

Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone (Home): _____ (Cell): _____

MCA #: _____

Other Club Affiliation: _____

Car Information:

Vehicle 1 Year: _____ Color: _____ Model: _____ Style: _____

Vehicle 1 Year: _____ Color: _____ Model: _____ Style: _____

Vehicle 1 Year: _____ Color: _____ Model: _____ Style: _____

Vehicle 1 Year: _____ Color: _____ Model: _____ Style: _____

Signature: _____

Signature: _____