



PUGET SOUND EARLY BIRDS

MEMBERSHIP APPLICATION

NAME: _____ BIRTHDAY: Mo/Day/Year _____

SIGNIFICANT OTHER'S NAME: _____ BIRTHDAY: Mo/Day/Year _____

ANNIVERSARY: _____

MAILING ADDRESS: _____

 _____ (Street)

 (City) (State) (Zip Code) TELEPHONE: _____
 CELL PHONE: _____

EMAIL ADDRESSES: _____

OCCUPATION(S): _____

THUNDERBIRDS OWNED: 1955 Serial # _____ Color _____
 1956 Serial # _____ Color _____
 1957 Serial # _____ Color _____

LIABILITY INSURANCE: Yes _____ No _____ C.T.C. I. # _____

OTHER T-BIRD CLUB AFFILIATIONS: _____

Please tell us why you wish to join PSEB: _____

What activities interest you the most _____

Would you be willing to host or assist in setting up a driving tour or another PSEB event during the year?

Yes _____ No _____

Comments: _____

We agree to pay, in advance, a non-refundable initiation fee that will apply to the purchase of a PSEB name badge per person and club dues of \$25 per couple.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Please complete and either mail or email to:
 Gordon Thorne, Membership Chairman, Puget Sound Early Birds
 9616 47th Ave SW Suite #100
 Seattle, WA 98136-2716
 Email: gordon.throne@gmail.com