



Application for Membership

Name: _____
Last First Middle

Address: _____
Street
_____ City State Zip Code

Home Phone Number: (____) ____ - ____

Cell Phone Number: (____) ____ - ____

E-Mail: _____

Date of Birth: __/__/__ Place of Birth: _____

Married[] Spouse's Name: _____

Single[] Number of Children: _____

Children's Names: _____

Referred By: _____

Occupation: _____

Employer: _____

Address: _____
Street
_____ City State Zip Code

Work Phone Number: (____) ____ - ____

AMA Number: _____

Your Signature

____/____/____
Date

Fill out and return to

Jerseypine Cruisers
P.O. Box 2200
Des Plaines, IL. 60017-2200

or
Application@JerseypineCruisers.org