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?

_____

_____

_____

Club dues are: Individual $20, Family $25, Associate $15, payable yearly on your anniversary date. Make checks payable to **Smoky Mountain MINI** and mail to the Club treasurer David Blakey, 153 Robin Lane, Clinton, TN 37716, or bring to the next meeting. Meetings are held monthly at a location announced on our website.

We welcome you to the Club, and look forward to lots of fun with you and your MINI. Please check the website often at www.smokymountainmini.org. *MOTOR ON!*