

STUDEBAKER DRIVERS CLUB, HAMILTON CHAPTER
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____ PHONE: _____

EMAIL ADDRESS: _____

Membership fee of \$20.00 is due January of each year. Please make cheque payable to "Studebaker Drivers Club Hamilton Chapter". Members of the Hamilton Chapter are required to belong to the International Studebaker Drivers Club, which publishes "Turning Wheels" monthly. See <http://www.studebakerdriversclub.com/>.

SDC Membership Number and Expiry Date: _____

List Special Interest Vehicles (S) Show (D) Driver (P) Parts:

1 _____ 3 _____

2 _____ 4 _____

Member's Birthdays and Anniversary Dates (optional):

BIRTHDAY: _____

Name: _____ Month and Day: _____

Name: _____ Month and Day: _____

ANNIVERSARY: _____

Month and Day: _____

Applicant recommended by: _____

Signature: _____

Please return this form to our membership secretary at this address:

Steve Porter 430 Plains Rd W Burlington ON L7T1G9 905-464-5726

Email: stephenjporter4@gmail.com

See <http://www.thehamiltonchaptersdc.ca> for additional info.