

BMCNO Membership Application Print this form to submit your application.

Name:		Spouse's Name:			
Address:		Birthday Month Only:			
City:			State:	_ Zip:	
Mobile:	Home Phone: Spouse Mobile:				
E-mail:	Occupation:				
Where did yo	u learn of BMCNO?				
What other ca	ar clubs do you belong	?			
Include infor	mation in the Online V	Web Directo	ory yes	no	
bers who brea	e as ICE, (In Case of I ak down in my area. y AR INFORMATION		, ,	ender assistance to mem-	
Make	Model	Year	Color	Body Style	
	Membership -	\$24 ner	vear due Ju	1 1 st	
	_	able as f	_		
	yable to "British Motoring toring Club New Orlea	g Club New	Orleans (BMCN	,	
⇒ On Line -	www.clubregistration.ne	et (click on	British Motorin	ng Club at this web site)	
⇒ Cash or C	check at any monthly	meeting.			
	ave your correct and a	-		cation form. It is imperase this is how all commu-	
_	bide by the rules and ritish Motoring Club	_		th by the Club Officers arter and By-Laws."	
Name				Date	