



## Affiliate Membership Application for the Cape Cod MA Airstream Club

Please fill out the fillable form below, print it and then mail form and check to Eddie Carll, Asst. Treasurer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Partner Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Dues Year: \_\_\_\_\_ WBCCI # \_\_\_\_\_

Name of Home Unit: \_\_\_\_\_ Year Joined: \_\_\_\_\_

Airstream Model: \_\_\_\_\_ Year: \_\_\_\_\_ Size: \_\_\_\_\_

Courtesy Parking:            Yes:            No:

### Additional Information for Cape Cod Membership Directory:

Winter Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthday (no year necessary): \_\_\_\_\_ Spouse Birthday: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Please be assured that no information is distributed or made available to anyone outside our Unit.

Affiliate Dues:        \$ 15.00                    Enclosed: \$ \_\_\_\_\_

Make checks payable to: Cape Cod Massachusetts Unit

Please mail form and check to:    Eddie Carll, Assistant Treasurer  
P. O. Box 1811  
Plymouth, MA 02362-1811