



# C.A.R.P

Clampers Association of Roisterous Peddlers

## APPLICATION FOR MEMBERSHIP

(PRINT CLEARLY)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Make ALL checks payable to C.A.R.P

C.A.R.P. Secretary will fill out,

CERTIFICATE

CARD

PATCH

PIN

DATE: \_\_\_\_\_