

# Time Travelers of W.N.Y.

Classic Car Club

## Application for Membership

**TIME TRAVELERS**



**OF W.N.Y., INC.**

Date \_\_\_\_\_

Accepted Date \_\_\_\_\_

Sponsors Name  
\_\_\_\_\_

How long have you know Sponsor  
\_\_\_\_\_

Where did you hear about the club? \_\_\_\_\_  
\_\_\_\_\_

**Mail To:**

**Time Travelers of WNY  
P. O. Box 894  
Getzville, N.Y. 14068**

Why do you want to join the Time Travelers Car Club?  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse \_\_\_\_\_

Anniversary \_\_\_\_\_

Children \_\_\_\_\_

Cars \_\_\_\_\_

Interest's \_\_\_\_\_

Work/Retired \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_