

Blue Crab Fun Bunch Membership Application

I/we, _____, ask that my/our application for membership in the Blue Crab Fun Bunch be considered for approval. Below is the completed application. I understand that the information provided will be used for administrative purposes of the organization and to create a roster to be distributed to my fellow members only.

Name: _____ Birthday (Month/Day): _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Good Sam Number: _____

Expiration Date: _____

Spouse/Significant other info:

Name: _____ Birthday (Month/Day): _____

Additional family member info:

Name: _____ Birthday (Month/Day): _____

Name: _____ Birthday (Month/Day): _____

Name: _____ Birthday (Month/Day): _____

Sign: _____ Date: _____