



## Membership Application

Thank you for your interest in the CinciMINIS. Please take the time to fill out this membership application form and send it in with the correct dollar amount as indicated below. All memberships expire in December of every year at which time the annual Membership fee of \$25.00 is due.

It is our policy to allow you to include a guest on your membership in the form of a spouse or significant other. If you wish them to be included in our database, please include their information below.

Complete this form email it to [webmaster@cinciMINIS.com](mailto:webmaster@cinciMINIS.com), or Fax it to 859-547-3801  
Please bring your membership dues to first event you attend.

**Date:** \_\_\_\_\_

**Personal Information:**

Member Name: \_\_\_\_\_

Spouse/ SO Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Significant Other's Birthdate: \_\_\_\_\_

Emergency Contact Person & Phone Number: \_\_\_\_\_

**About your car:**

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Body Color: \_\_\_\_\_ Roof Color: \_\_\_\_\_

Options Package: \_\_\_\_\_

Specialized License plate? \_\_\_\_\_

Modifications? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_