



**HEARTBEAT of the OZARKS
CLASSIC CAR CLUB
P O Box 311, Bentonville, AR 72712**

Membership Form

Name _____ Birthday _____
Addtl name _____ Birthday _____
Address _____

Home Phone: _____ Cell Phone: _____
E-Mail Address _____

Classic Car or Truck you own: _____

Do you have any special automotive skills or talents to share with the club?

Your signature _____ Date _____

The Heartbeat of the Ozarks Classic Car Club meets the 4th Sunday of each month. Dues are \$10.00 for a single membership or \$15.00 for two voting memberships, annually. Ownership of a classic car is not necessary, but we do encourage you to attend club meetings and cruises. For further information contact us at info@heartbeatoftheozarks.org and include the words "Membership inquiry" in the subject line.

Make check payable to: **Heartbeat of the Ozarks** and send check in along with this completed form indicating the number of memberships requested:

(circle one) \$10.00 (1) \$15.00 (2)

(Received by Secretary/Treasurer Signature) (Date)