Bay Area Thunderbird Owner's Club (BATOC)

Official Membership Applicaton

Date: ___/___/20___ Application Type: ☐ Active (Has '55, '56', 57' T-Bird) ☐ Associate

Primary Member:			
Last (Family) Name	Middle Name	First Name	Date of Birth
Spouse/Significant Other:			
Last (Family) Name	Middle Name	First Name	Date of Birth

Primary Address:			
Number & Street	City	State	Zip Code
Mailing Address (if different):			
Number & Street	City	State	Zip Code

Occupation(s):		
	Company/Organization	Type of Work
Primary Member:		
Spouse/SO:		

Driver's License(s):			
	License Number	State	Expires (date)
Primary Member:			
Spouse/SO:			

Phones:	
Home:	( )
Work (primary):	( )
Work (spouse/so):	( )
Cell (primary):	( )
Cell (spouse/so):	( )
Other (primary):	( )
Other (spouse/so):	( )

Email: (please enter all you have)	
Email #1:	
Email #2:	
Email #3:	

Vehicle Information: (If Associate Member Leave Blank)				
Year of Thunderbird	Model (D,E,F, etc.)	Color	License Plate/State	Tag Expires

Please continue on other side ➔

Insurance Information:			
Company Name/Carrier	Agent/Rep. Name		
Company Address Street	City	State	Zip
Company Phone Number	Policy Nunber	Expires (Date)	
( )		_____/_____/20___	
C.T.C.I. (Classic Thunderbird Club International) Member Number	Year Joined C.T.C.I.		

All new members are subject to a one time $25 initiation fee to cover cost of standard club membership items including name badge(s), grill plaque, jacket Patch(es), etc. as well as updating and integrating a new member into club records and mailing lists. New members will also pay normal membership dues on a prorated scale as follows based on the month joined:

Month:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Dues:	$40	$40	$40	$30	$30	$30	$20	$20	$20	$10	$10	$10

I/We were sponsored by and/or are a guest of the current member(s) _____

I/We first heard about B.A.T.O.C. by _____

Associate Membership Applicant Only

I/We understand that Associate Members are not covered by B.A.T.O.C.'s liability insurance. We do not currently own a Thunderbird that would qualify us as an Active Member.

Signed: _____ **Signed:** _____

Date: _____ **Date:** _____

Fees Paid/Submitted: $ _____

Active Membership Applicant Only

I/We understand that Active Members must be members of C.T.C.I. in order to be covered by B.A.T.O.C.'s liability insurance. We further certify that our qualifying car(s) are covered by a current liability insurance policy as outlined above.

Signed: _____ **Signed:** _____

Date: _____ **Date:** _____

Fees Paid/Submitted: $ _____

For Club Use

Application Received By _____ Date: _____

Fees Paid: Initiation: _____ Dues: _____ Approved by Vice President: _____

By-Laws: ☐ Certificate: ☐ Membership Card(s): ☐ Grill Plaque: ☐ Name Tags: ☐