

Ocala Jeep Club of Florida Membership

Application

Name: _____ Jeep Model _____
Jeep Year: _____
Address: _____ Jeep Color: _____

Phone: _____ Email: _____
Occupation: _____ Your Birthday: _____
Spouses Name: _____ Spouses Birthday: _____
Children's Name: _____ Childs Birthday: _____

Preferred method of newsletter delivery: General Mail _____ Email _____

Family Membership

\$40.00 Yearly Membership Dues January – December

***\$15.00 August – December (*Applies to first time members only)**

Make Checks Payable to:

Ocala Jeep Club of Florida Inc.

I hereby apply for membership in the Ocala Jeep Club of Florida Inc. and agree to abide by its bylaws. I also participate in all club functions at my own risk.

Signed: _____ Date: _____

Mail to: **Ocala Jeep Club of Florida**
P.O. Box 5781
Ocala, FL 34478-5781