



MEMBERSHIP FORM

Don Winget, President

Hollis Sawyer, Vice President

Kevin Jordan, Secretary

Cindy Winget, Treasurer

Membership Type Family_____ Single_____

Member Name: _____ DOB:(OPTIONAL) _____

Spouse's Name: _____ DOB:(OPTIONAL) _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Vehicle(s): _____

Please make check payable to: North Country Classics

603-631-1108

65 Summer Street

cdwinget@myfairpoint.net

Lancaster, NH 03584

This Certifies That The Above Mentioned Individual(s) Is A Member Of The NCC Club.

Year _____ Paid _____ Date _____

Club Membership Fee \$10.00 Per Household

www.northcountryclassicsclub.com