

OCALA JEEP CLUB OF FLORIDA, INC.

Est. 1995

P.O. BOX 5781

Ocala, FL 34478-5781

www.ocalajeepclub.com

www.jeeptoberfest.com

Name: _____

Date of Birth: _____

Jeep Model: _____ Jeep Year: _____

Jeep Color: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ Email: _____

Occupation: _____

Spouse's Name: _____ Date of Birth: _____

Child(ren) Name and Date of Birth:

By checking, I confirm I **DO** have **CURRENT/VALID**: _____ Auto Insurance _____ Health Insurance

Family Membership Dues - \$40.00 per year Membership Term - January 1st - December 31st

Mail application and check made payable to: **Ocala Jeep Club of Florida, Inc.**

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Or bring application and payment to one of our monthly meetings to join and meet other members. Meetings are held at 7:00 p.m. on the 2nd Saturday of each month. Please check the website Calendar for each month's meeting location.

By signing, I hereby apply for membership in the **Ocala Jeep Club of Florida, Inc.** and agree to abide by all club bylaws. I also understand and agree I will be participating in all club functions at my own risk.

Signature: _____

Date: _____