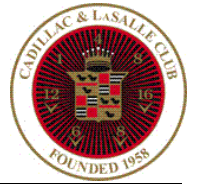




**CADILLAC & LASALLE CLUB
POTOMAC REGION
MEMBERSHIP APPLICATION**



NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAYTIME PHONE # _____ **EVENING/ WEEKEND PHONE #** _____

SPOUSE OR SIGNIFICANT OTHER: _____

E-MAIL ADDRESS: _____

CAR (S) OWNED:

YEAR	MAKE (CADILLAC OR LASALLE)	MODEL	BODY STYLE

YOU MUST BE A MEMBER OF THE NATIONAL CADILLAC & LASALLE CLUB (CLC) IN ORDER TO JOIN THE POTOMAC REGION.

NATIONAL CLC MEMBERSHIP #: _____

2025 DUES FOR POTOMAC REGION = \$20.00

If you would like to pay for 2026 too, please send \$40 [\$20 for 2025 and \$20 for 2026]

**MAKE CHECK TO: CLC - POTOMAC REGION
SEND APPLICATION AND DUES PAYMENT TO:**

<p>CLC - POTOMAC REGION BILL HILLIARD, TREASURER 12602 ELDRID CT SILVER SPRING MD 20904-3505</p>
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SIGNATURE: _____ **DATE:** _____

Visit us on the Web!
www.clcpotomacregion.org