



Cadillac

LaSalle

**CLUB
St. Louis Region**

MEMBERSHIP APPLICATION

NAME: _____ CLC # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ FAX: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

SPOUSE AND CHILDREN UNDER 18: _____

Cadillacs (C) and/or LaSalle (L) I own:

C or L	Year	Model #	Body Style
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_____	_____	_____	_____
_____	_____	_____	_____

(Model & body style are noted on the ID plate on the firewall, (example: 38-6019, 41-7533F). It is important to have as complete information as possible for our Directory. Any additional cars may be listed on the reverse of this form.)