

OpenAir Classic
MEMBERSHIP APPLICATION

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ CELLPHONE () _____

E-MAIL: _____

VEHICLE YEAR _____ MAKE _____ MODEL _____

COLOR _____ LICENSE # _____

REFERRED BY _____

I (we) would like to become a member of the OpenAir Classic

My ___ check is enclosed for \$35.00 (\$33.18 membership + 5.5% WI sales tax)

Complete and mail to:
OpenAir Tours – Membership
P.O. Box 5532
Madison, WI 53705-0532