



### Company / Member Information

Please list the individual who will act and be contacted on the company/member's behalf.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Payments & Contributions

These additional funds support UCMCS's efforts to promote and defend motor club contractors

Public Relations Campaign \$ \_\_\_\_\_

Legal Fund \$ \_\_\_\_\_

Lunch Payment \$ \_\_\_\_\_

Misc. \$ \_\_\_\_\_

### PAYMENT TYPE

Check

Cash

Credit Card MC/Visa/Discover Only

### CREDIT CARD INFORMATION

Credit Card #

CVV/Sec. Code #:

Expiration:

Name on Card:

Zip Code:

Amount: \$

Signature:

Date:

Return this application to: PO Box 2097, Oakdale, CA 95361 or pay online at [www.motorclubcoalition.com](http://www.motorclubcoalition.com)  
Contact us with any questions at: [staff@motorclubcoalition.org](mailto:staff@motorclubcoalition.org)