



BCOIE Chapter Membership Form

Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address(s): _____

Birthdays (All family members): _____

Anniversary Date: _____

Studebaker(s) Owned: (If additional space is needed, used back of application)

Year: _____ Model: _____ Year: _____ Model: _____

Year: _____ Model: _____ Year: _____ Model: _____

DUES NOTE: You must be a member of the **Studebaker Drivers Club**.

Member # _____ (Studebaker Drivers Club application form is available on this website)

Referred to BCOIE Chapter by: _____

BCOIE dues: **\$20 per Family Annually** ~ Make Check payable: **BCOIE Membership**

Print and Mail to:

**Debbie Stockey
c/o BCOIE Membership
17410 Golden Maple Lane
Yorba Linda, CA 92886-5196**

www.StudebakerSoCal.com