



Membership Application

Auto Island LLC



3095 Soperton Dr., #204
Bluffton, SC 29910
(843) 989-8104

Date: _____

Name: _____ Birthday _____
(Month and Day Only)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail Address: _____ @ _____

MEMBERSHIP FEE for 1 Year: \$57.00

Payment Method: Check _____ Cash _____ Credit Card _____

Please make checks payable to: AUTO ISLAND, LLC, P.O. Box 6371, Bluffton, SC 29903

Credit Card: ___ Visa ___ MC ___ Discover ___ AmEx

Name on Card: _____ Exp. Date: ____/____ CVV _____

Card Number: _____ Zip Code: _____

TELL US ABOUT YOUR CARS

CAR #1

CAR #2

Year: _____ Make: _____

Year: _____ Make: _____

Model: _____ Color: _____

Model: _____ Color: _____

Engine/Trans: _____

Engine/Trans: _____

Other Info: _____

Other Info: _____

Please join us for our GRAND OPENING!!

COMING SOON !!!

RIBBON CUTTING Ceremony from 3:00 p.m. - 4:00 p.m.

CAR SHOW, MUSIC, FOOD & FUN !!

to follow from 5:00 p.m. - 9:00 p.m.

Awards announced at 8:00 p.m.

