



GRA-NEVA A'S MODEL A CLUB

MEMBERSHIP APPLICATION

Date _____ 20____

I, _____, the undersigned, do hereby apply for membership in the Gra-Neve A's Model A Club.

Names	Birthday	Anniversary
_____	_____	_____
_____	_____	_____

Children's Names (under 18, living at home)	Ages
_____	_____
_____	_____

Address _____

City _____ Zip _____

Mailing Address, if different _____

Phone _____
Residence _____ Work _____ Cell _____ E-Mail _____

Model A's Owned:

Year _____ Body Type _____ Restored: Yes _____ No _____

Number of Cylinders _____ H.P. _____ Serial Number _____
(If additional A's, please use back of this application)

Enclosed are my dues of \$30.00 per year per family.

Membership in the Model A Ford Club of America (MAFCA) is a requirement.

Date of joining _____ MAFCA membership number _____

I hereby promise to abide by the By-Laws of the Gra-Neve A's Model A Club.

Signed _____ Sponsor _____

President, Secretary or Treasurer