





## Membership Application

		Birthday (Mo/Day)	Anniv	ersary (Mo/Day)
Name:		<u> </u>		
Email:	Home Phone:	Cell Phone:		
		Birthday (Mo/Day)		
Name:			_	
Email:	Home Phone:		Cell Phone:	
Address				
City			Zip	
Mailing Address, if different				
Model A's Owned (not required)				
Year Body Style		Restored	Yes	No
Year Body Style		Restored?	Yes	No

Membership in the Model A Ford Club of America (MAFCA) is recommended. First year free membership in MAFCA is available for new members. Already a MAFCA member? Yes\_\_ No\_\_

Enclosed are my dues of \$25.00 per year per family. Make checks payable to Gra-Neva A's. Mail to P.O. Box 2415 Grass Valley, CA 95945 or bring to meeting. Meetings are normally held at 7pm on the fourth Thursday of each month. Location varies, contact Gary Spencer, Membership Chair, at 510-502-9329 or jngspencer@att.net for location of current meeting.

I hereby promise to abide by the By-Laws of the Gra-Neva A's Model A Ford Club, which will be supplied to you upon joining.

Signed	Date	Rev: 1/23
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