

MEMBERSHIP APPLICATION

LAWRENCE REGION ANTIQUE AUTOMOBILE CLUB OF AMERICA

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL _____

ANTIQUÉ OR SPECIAL INTEREST AUTOS

MAKE	YEAR	MODEL	BODY STYLE
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1. _____

2. _____

3. _____

"I understand to be a member of the Lawrence Region A.A.C.A., I must first be a member of the Antique Automobile Club of America. I further understand the club jacket issued to me is the property of the Lawrence Region AACA, and will be returned to the club should I decided not to renew my membership. I plan to help all I can with the two club activities, Car Show and Swap Meet.

Signed _____ Date _____

FOR CLUB USE ONLY

Meeting/activities attended 1) _____ 2) _____ 3) _____

National dues paid _____ Local club dues paid _____

Approved by membership _____ Officer signature _____ Date _____