



**Sagebrush Chapter
Model A Ford Club of America
Membership Application**

DATE _____

First Name: _____ Last Name: _____

Spouse/Significant Other First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Telephone: (Mobile) _____

Telephone: (Home) _____

* Please check if we have your permission to publish phone numbers in future membership rosters.

Car information:

Year: _____ Model _____, Year: _____ Model _____

Year: _____ Model _____, Year: _____ Model _____

Are you a member of MAFCA? Yes () No ()

Newsletters and other notifications are published on line to your email address without charge. Should you desire a hard copy mailed to you there is an additional charge annually.

Amount enclosed:

Membership dues: \$20

Dues: \$ _____

Newsletter hard copy (If desired) \$25

Newsletter: \$ _____