

APPLICATION FOR MEMBERSHIP



ORANGE COUNTY MODEL 'T' Ford CLUB, Inc.
(OCMTFC)
Chapter
MODEL 'T' Ford CLUB OF AMERICA



New ___ Reinstatement ___

Name _____ Birthday Month/Day _____

Spouse's or Partner's Name _____ Birthday Month/Day _____

Home Address _____

City _____ State ___ Zip _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Newsletter Preference: Send By E-Mail []
Send By Regular Mail []
Send By E-Mail & Regular Mail []

Year of Model T owned _____ Body Style _____ Condition _____

Other Model T's or Antique cars owned _____

Company your T is insured with: _____ Policy # _____

Are you currently a member of the MTFCA, National Club? Yes _____ No _____

How did you hear about our club? _____

Signature of sponsoring member _____

Signature of sponsoring member _____

Applicant's Signature _____

Date _____

Table with 2 columns: Dues information and Mail to Membership Chairman contact info.