Horseless Carriage Club/Southern Ontario HCCSO **Dues Form** – 2024

LAST NAME:	FIRST NAME:		SPOUSE:	
(Please Print Clearly)				
	YEAR of BIRTH:			
ADDRESS:				
CITY:	PROVINCE/STA	ATE:		
EMAIL:				
PHONE:				
Annual Dues: \$10.00	Number of years being pai	d:		
Prepayment of dues for n	nultiple years are accepted	and will be recor	ded.	
Donation to Youth Fund:	(Voluntary)			
TOTAL AMOUNT PAID:				
Vehicle Information: Year Make	Model	Body style	Serial #	
Questions, please contact:	Linda Coombes (905) 570-3	3267		

Make cheques payable to: HCCA Southern Ontario Region

Mail to: Linda Coombes

16 Christina Lane, Smithville, ON, LOR2A0

E-Transfers to: LFCoombes@gmail.com