

HCCSO

Horseless Carriage Club Southern Ontario

2025 Membership Form



LAST NAME: _____ (Please Print Clearly)

FIRST NAME: _____ SPOUSE/PARTNER: _____

YOUTH (to age 16):

YEAR OF BIRTH:

The HCCSO has a fund set aside to support Youth participation. This optional section will help the club support our youth.

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE _____ PHONE: _____

EMAIL: _____

Annual Dues: **\$20.00** Number of years being paid: _____ Dues Total: _____

Prepayment of dues for multiple years are accepted and will be recorded.

Youth Fund - Voluntary donation that will be dedicated to youth participation: _____

TOTAL AMOUNT PAID: _____

Vehicle Information: Pre-1916

Year	Make	Model	Body style	Serial #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a member of HCCA National? If so, please record your number. _____

Questions, please contact:

Linda Coombes

(905) 570-3267

E-Mail / E-Transfers to: LFCoombes@gmail.com

Make cheques payable to:

Mail to:

HCCA Southern Ontario Region

Linda Coombes

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