HCCSO

Horseless Carriage Club Southern Ontario

2027 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:

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