MEMBERSHIP APPLICATION (new or renewals)

If your address changes, please call, email, or write to Dave Meacham or you will not be receiving your newsletters. It costs the chapter money every time a newsletter or National magazine is returned, and bulk mail will not be forwarded.

Thank you for your interest in the International Harvester Collectors, Chapter 35 of New York State. Below is an application with information necessary to process your membership.

If you are a member and questioning whether you need to renew, just look at the top left of your address on the newsletter and if it is equal to or greater than N25 you are already renewed. Anything less than N25 means you need to renew. See sample label below.

Please use your legal name and full address as required by your post office. New members will receive a national membership card with your national and state member numbers. Save this, they are not reissued each year.

Club benefits include:

- membership in the National Club and NY State Chapter 35
- quarterly magazine publication from the IHC National Club, Harvester Highlights
- quarterly newsletter from Chapter 35, Farmall Flyer
- National IHC insurance policy coverage at **Chapter 35** sanctioned events
- post your equipment pictures on our website www.ihcc35ny.com for all to see!

Dues currently are \$35.00. This includes the National dues of \$20.00 and Chapter 35 dues of \$15.00.

For new members or members that have information changes, please print information, **cut out application** and return with remittance payable to **IHC Chapter 35 of NYS** to the address below. If you are a **current member**, with no changes, simply send a check with your membership numbers on it and I will do the rest We look forward to hearing from you and meeting you at one of our future events.

Chapter 35 Membership David E Meacham 4510 Harris Hill Rd. Williamsville, NY 14221 ihcc35ny@roadrunner.com

Sample Label

N25

13913 113

David E. Meacham 4510 Harris Hill Rd. Williamsville NY 14221-6212

Your F	Receipt:
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\$ _____

Cash or Check #

Date:

*Name		
First	Middle Initial	Last
*Street Address		
*City	*State*Zip(Code+4
*Phone ()	*Coun	ty
Email(Please)		
IH Equipment that yo	ou own	
Skill Area of expertise	you are willing to share:	
*REQUIRED		