

Georgia Region Model A Restorers Club New Membership Application

Applicant Information

Full Name:				Date:	
	Last	First	M.I.		
Spouses Name					
Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Contact Pho	one:	Email			
	Birthday	Spouses Birthday		Anniversary	
Please list	Model A's You Own (You	do not have to own a Model A to b	e a member)		
Year	Body St	yle	Engine or VIN #		
GA Regional		MBERSHIP DUES: \$25/year	Check/Money O	der to be enclosed with	
Signature	of recommending GA F	Region Model A Club Member			
(MARC) ead To join MAR	ch year and must obtain a I	on Model A Club, you first must be a MEMBERSHIP NUMBER. National by https://model-a-ford.org or obtain a	dues are \$50/year.		
NA	ATIONAL MEMBERSHI (required for this appli				
Ар	plicant <i>Signatur</i> e				

Make your \$25 check/money order payable to: GA Region Model A Club

Mail your application and check/money order to: Mark Limmer, Secretary

2680 Trailing Ivy Way Buford, GA 30519

770-712-2204