

FALLS CITY MODEL A FORD CLUB

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LOUISVILLE, KENTUCKY

A REGION OF THE MODEL A RESTORER CLUB

A CHAPTER OF THE MODEL A FORD CLUB OF AMERICA

MEMBERSHIP APPLICATION

Date: _____

Name: _____

STREET ADDRESS: _____ P.O. Box: _____

City: _____

STATE: _____

TELEPHONE NUMBER: _____

CELL NUMBER: _____

Email: _____

MODEL A FORD INFORMATION

Year: _____ Body Style: _____ Condition: _____ Drivable: _____

Year: _____ Body Style: _____ Condition: _____ Drivable: _____

I AM A NATIONAL MEMBER OF THE MODEL A RESTORERS CLUB: _____

I AM A NATIONAL MEMBER OF THE MODEL A FORD CLUB OF AMERICA; _____

I AM A MEMBER OF A "SPECIAL INTEREST" MODEL A BODYSTYLE: _____

I will Maintain Annual Membership in at least 1 National Model A Ford Club: _____

I have Received a Copy of the Falls City A Ford Club Bylaws' and will Adhere to them. _____

RECOMMENDED BY: _____

ACTION TAKEN BY THE MEMBERSHIP: ACCEPTED: YES? _____ NO? _____