

PAYABLE TO

ONTELAUNEE REGION

APPLICATION FOR MEMBERSHIP

Please Print

Date _____

Name: _____

Birthday _____

Spouse: _____

Birthday _____

Address: _____

Anniversary _____

E-Mail Address: _____

Telephone _____

Age _____

Occupation _____

A. A. C. A. # _____

Make and year of Antiques or Classic Automobiles _____ (It is not necessary to own an automobile to be a member)

Special Interests

Are you a member in good standing of the National AACA? _____ Yes _____ No (check one)
(You must be a member of National AACA in order to become a member of a Region or Chapter.)

Applicant's signature _____

Member recommending 1. _____ 2. _____

Single Membership \$10.00 Joint Membership \$15.00 Life Membership \$150.00
Dues must accompany application

Date accepted for membership: _____

Mail application to: Phyllis Peters
5265 Elgen Dr.
Emmaus, PA 18049
610-965-9236