



LAKESHORE MODEL A FORD CLUB ROCHESTER, NY MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

Street Address: _____

Secondary Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____

Email Address: _____

MUST BE A MEMBER OF MARC -OR- MAFCA

To Join MARC Click [HERE](#)

To Join MAFCA Click [HERE](#)

MARC Membership Number: _____

MAFCA Membership Number: _____

Year(s) & Model(s) of your Model A Ford(s):

Mail this completed form and check for \$25.00 USD for annual membership dues payable to LAKESHORE MODEL A FORD CLUB to:

Lakeshore Model A Ford Club

Attention: Sue Smith

513 Stony Point Road

Spencerport, NY 14559

Any questions should be directed to:

Pat Lloyd – Director pat@lloydmechanical.com (585) 509-9044