



Membership Application

Name: _____

Spouse/Partner: _____

Address: _____

Phone: _____

Email: _____

Please Circle: MARC
MAFCA

Membership number: _____

Model A Year & Model(s) _____

(Model A ownership not required)

Mail this completed application, along with \$30 dues (check payable to "Lakeshore Model A Ford Club") to the address listed below:

Ms. Sue Smith
513 Stony Point Rd
Spencerport, NY 14559

Questions can be directed to the club email at lakeshoremodela@gmail.com