



GRA-NEVA A'S MODEL A CLUB MEMBERSHIP APPLICATION

Date _____20____

I, _____, the undersigned, do hereby apply for membership in the Gra-Neva A's Model A Club.

Names	Birthday	Anniversary
_____	_____	_____
_____	_____	_____

Children's Names (under 18, living at home)	Ages
_____	_____
_____	_____

Address _____

City _____ Zip _____

Mailing Address, if different _____

Phone _____
Residence _____ Work _____ Cell _____ E-Mail _____

Model A's Owned (not required):

Year _____ Body Type _____ Restored: Yes _____ No _____

Number of Cylinders _____ H.P. _____ Serial Number _____
(If additional A's, please use back of this application)

Enclosed are my dues of \$35.00 per year per family. (Make checks payable to: Gra-Neva A's)

Membership in the Model A Ford Club of America (MAFCA) is recommended.

Date of joining _____ MAFCA membership number _____

I hereby promise to abide by the By-Laws of the Gra-Neva A's Model A Club.

Signed _____ Sponsor _____

President, Secretary or Treasurer

Please bring this form to our next meeting. Date, time and location can be found at: www.granevaas.com