New Orleans A's Chapter Club Application

MAFTA Membership N0. _____

Member Information

Name:	
Address:	
City: State: Zip:	
Cell Phone:	Work:
Home Phone:	Email:
Occupation:	Work:
Member Sponsoring:	

Antique or Special Interest Vehicle Owned

Year	Make	Model	Model Number	Condition Code	Running Yes / No	License Number	State
1928	Phaeton	Standard	35A	Restored	Yes	28PH8TN	LA

Optional Personal Information:

Name	Birthday
Your Name	
Spouse Name	
Child 1 Under 18 Name	
Child 2 Under 18 Name	
Child 3 Under 18 Name	
Child 4 Under 18 Name	

- Please include a check for $20.00 made to New Orleans A's.
- To join MAFCA, fill out and mail the application.

Applicants Signature: _____ Date: _____
Treasurer Approval: _____ Date: _____
Dues Paid Check Number: _____ Date: _____