



MEMBERSHIP APPLICATION

Ozarks Antique Auto Club
P.O. Box 3911
Springfield, MO 65808-3911

Check one
<input type="checkbox"/> New Member
<input type="checkbox"/> Annual Renewal

Date: _____ New App Review Date: _____ Accept/Reject Date _____
Renewals must be received by the start of January meeting.

NAME(S): Mr _____
Mrs/Ms _____

Names of Children that will participate in club activities _____

Address _____
House No. & Street Name City State Zip Code

Home Phone # _____ Business Phone # _____

Cell # _____ E-Mail Add. 1. _____ 2. _____
Please circle any telephone number or e-mail address you do not want listed in the club directory.

Antique/Classic Auto(s) 1. _____
Year Make/Model
2. _____
Year Make/Model
3. _____
Year Make/Model

Special Activities or Skills _____

I will help with the following committees or activities:			
<input type="checkbox"/> Car Show	<input type="checkbox"/> Tools & Equipment	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Library
<input type="checkbox"/> Swap Meet	<input type="checkbox"/> Membership	<input type="checkbox"/> Phone Tree	<input type="checkbox"/> Scrap Book
<input type="checkbox"/> Tours	<input type="checkbox"/> Tech Sessions	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Directory

All autos that participate in tours, parades, or exhibitions must have liability insurance.

Name of insurance company _____

I have read and agree to abide by the Club By-Laws, Club Policies and Swap Meet Policies.

SIGNATURE: _____