MTFCI

Last name:

Spouse name:

P.O. Box 355 Hudson, NC 28638-0355 828-728-5758



Visit us online at www.modelt.org

First name: _____

MEMBERSHIP APPLICATION

| Address: | |
|--|---|
| City: | _ State: Zip: |
| Province (if other than U.S.): | |
| Country (if other than U.S.): | |
| E-mail: | |
| Occupation: | |
| Home phone: | Mobile phone (optional): |
| MTFCI membership number (for renewals): | |
| Are you a member of a local chapter? If yes, | which one(s)? |
| List up to four Model T's that you own: | |
| Car 1: | Car 3: |
| Car 2: | Car 4: |
| Membership information is normally included on a club roster which is never sold/used for non-club purposes. You may request that your information not be included in the printed roster by answering yes or no below: Include my information in the club roster: yes no ONE YEAR, INDIVIDUAL/FAMILY: • U.S.: \$50 | |
| • Canada: \$55 | 5 // 1 |
| All other countries: \$60 | Don't miss your |
| Memberships are 12-month rolling | opportunity to receive |
| All memberships payable in U.S. funds on a U.S. bank only. | a FREE year |
| Individual Life Membership: \$800 U.S. / \$900 Foreign | of membership! |
| To pay by check: Make check payable to MTFCI and mail with an MTFCI, P.O. Box 355, Hudson, NC 28638-0355 | to someone by submitting an |
| To pay by credit card: Complete the information below, visit we and pay by Authorize.net, or call 828-728-5758. | application and payment for them or have them reference your membership number below when |
| Please charge my card for this amount: | they submit their own application and |
| Card type: MasterCard VISA: Discover: | payment. You must give or sponsor two (2) new memberships in order to receive your free year. |
| Card number: | Offer expires December 31, 2024 |
| Expiration date: CVV: | |
| Signature: | |
| | |

Don't miss your opportunity to receive a FREE year of membership!