

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



Visit us online at
www.modelt.org

MEMBERSHIP APPLICATION FORM

Last name: _____ First name: _____

Spouse name: _____

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): _____

List up to four Model T's that you own:

Car 1: _____ Car 3: _____

Car 2: _____ Car 4: _____

Membership roster:

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 or family membership dues, (12-month rolling):

- **U.S.:** \$40.00
- **Canadian:** \$45.00 (in U.S. funds drawn on a U.S. bank)
- **Foreign:** \$50.00 (in U.S. funds drawn on a U.S. bank)
- **Individual Life Membership:** \$700.00 U.S. / \$800.00 Foreign

To pay by check: make check payable to MTFCI and mail with application to: MTFCI, P.O. Box 355, Hudson, NC 28638-0355

To pay by credit card: complete the information below, visit www.modelt.org and pay by Authorize.net, or call 828-728-5758.

Please charge my card for this amount: _____

Card type: MasterCard _____ VISA: _____ Discover: _____

Card number: _____

Expiration date: _____

Signature: _____