MTFCI

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

Signature:



Visit us online at www.modelt.org

MEMBERSHIP APPLICATION

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 (o	ptional):
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 roster: Membership information is normally included on a clul You may request that your information not be included Include my information in the club roster: yes ONE YEAR, INDIVIDUAL/FAMILY:	d in the printed roster by ans	
 U.S.: \$40 Canada: \$45 All other countries: \$50 Memberships are 12-month rolling All memberships payable in U.S. funds on a U.S. bar	nk only.	Don't mis opportunity a FREE
Individual Life Membership: \$800 U.S. / \$900 Foreign		of memb
To pay by check: Make check payable to MTFCI and m MTFCI, P.O. Box 355, Hudson, NC 28638-0355 To pay by credit card: Complete the information belo and pay by Authorize.net, or call 828-728-5758. Please charge my card for this amount: Card type: MasterCard VISA: D Card number:	ow, visit www.modelt.org	Simply give a MTFo to someone by s application and them or have them membership numb they submit their ow payment. You must two (2) new membe receive your
		Offer expires Dece
Expiration date: CVV:		Su a u a u i u a un a un h a

miss your nity to receive REE year mbership!

MTFCI membership by submitting an and payment for them reference your number below when r own application and must give or sponsor mberships in order to your free year.

December 31, 2023 Sponsoring member #: ___