

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): _____

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 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
- **Canada:** \$45.00
- **All other countries:** \$50.00
- **All memberships payable in U.S. funds on a U.S. bank only.**
- **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: _____

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

Simply give a MTFCI membership
to someone by submitting an
application and payment for
them or have them reference your
membership number below when
they submit their own application and
payment. You must give or sponsor
two (2) new memberships in order to
receive your free year.

Offer expires December 31, 2016

Sponsoring member #: _____