



MEMBERSHIP APPLICATION
CAPITOL A'S CLUB, INC.
P. O. Box 1416, Carmichael, CA 95609-1416

Applicant #1: _____
Month & Day of Birth: _____
Cell Phone: _____
Email: _____
Address: _____
(Street) (City) (State) (Zip)
Home Phone: _____

Applicant #2: _____
Month & Day of Birth: _____
Cell Phone: _____
Email: _____
Wedding Anniversary: _____

Ownership of a Model A is not a requirement to join the Capitol A's Club

If you own a Model A, please complete the following information:

Year	Body Style	Condition				Modifications*
		Restored	Unrestored	Original	Running	

*Unaccepted Modifications: 1) Chopping; 2) Channeling; 3) Dropped axle; 4) Flame type paint; 5) Mag-type wheels; 6) Major body changes; 7) Cut or modified top bows; 8) Any engine other than Ford 4-cylinder A, B or C (1928 – 1934).

ALL VEHICLES MUST BE INSURED TO PARTICIPATE IN CLUB DRIVING ACTIVITIES

Insurance Company _____ Policy # _____ Expiration Date _____

Our bylaws require membership in Model A Ford Club of America (MAFCA). It is your responsibility to pay dues directly to MAFCA. Please provide your MAFCA membership number _____ expiration date _____. Are you a member of any other car club? _____ List clubs: _____

I agree to conform to the bylaws of the Capitol A's and will perform all duties assigned to me, whenever it is possible for me to do so.

_____ Signature _____ Date _____

APPLICATION FEE AND ANNUAL DUES INFORMATION:

(Annual dues are \$50 per family)

(Select one)			
Dues when applying Jan 1 – Jun 30	\$50.00		\$
Dues when applying Jul 1 – Sep 30	\$25.00		\$
Dues when applying Oct 1 – Dec 31**	\$50.00		\$
**Constitutes payment in full for ensuing new year		Application Fee	\$ 10.00
		Total	\$

Make checks payable to: **Sacramento Capitol A's**

This section for Club use only:

Recommended by: _____ Accepted _____ Denied _____
Board Meeting Date: _____ Membership Effective Date: _____ Capitol A Membership #: (mmyy) _____
Membership Chairperson's Signature: _____ Date: _____