

**APPLICATION FOR MEMBERSHIP  
FLORIDA REGION  
ANTIQUÉ AUTOMOBILE CLUB OF AMERICA**

**NEW** \_\_\_\_\_ **Nat'l AACA Member #** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_

**Name** \_\_\_\_\_ **Spouse** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Phone (H)** \_\_\_\_\_ **Phone (B)** \_\_\_\_\_

**Phone (Cell)** \_\_\_\_\_ **email address** \_\_\_\_\_

**Birthday of Applicant: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Birthday of Spouse: Month** \_\_\_\_\_ **Day** \_\_\_\_\_

**Cars owned (Note: it is not necessary to own a car to be a member of the club)**

**Yr.** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Body Style** \_\_\_\_\_

**Yr.** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Body Style** \_\_\_\_\_

**Yr.** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Body Style** \_\_\_\_\_

**Yr.** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Body Style** \_\_\_\_\_

(Use back of form if necessary)

**DUES: SINGLE OR COUPLE MEMBERSHIP \$25.00**  
**Make check payable to: Florida Region AACA, and mail to:**

**Don & Carole Allen**  
**153 Poe Dr, Winter Haven, FL 33884-2364**

**MISCELLANEOUS INFORMATION (List how you would like to serve)**

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsored by: (if new member)** \_\_\_\_\_