





Northern California Regional Group of the Horseless Carriage Club of America

MEMBERSHIP APPLICATION

Name		Cell Phor	ie			Birthdate	
NameSpouse's name		Cell Phone				(Month and Da	
		Gen i none			(Month and Day Anniversary Date		
Street address_						rsary Date .	(Month and Day
City		State	_ Zip		Home Phone		
My Email Addre	ss	Sp	ouse's Em	nail Address ₋			
Children living a	t home and their birthdates:						
List restored co	ars only: MAKE		YEAR				
	IVIANL		ILAK		N	IAKE	
	WANE		TEAR		N	IAKE	
	WAKE		TEAR		N	1AKE	
Insurance Carrie	er	ce for each vehi		Policy No			
Insurance Carrie Please attach a c In acceptance HCCA and the my/our partici		CA scheduled of fficers thereof	cle you wi	ill bring on cl I/we hereby injury, dan	ub activ	ities. nify both t	ting from