

SONOMA A'S MEMBERSHIP APPLICATION

Date _____

Name _____ DOB _____
DAY / MONTH

Name _____ DOB _____
DAY / MONTH

Anniversary _____ MAFCA Membership Number _____
DAY / MONTH / YEAR

Address _____ City _____ Zip _____

Home Phone () _____ Cell () _____

Cell () _____

E Mail address _____

E Mail address _____

Model A ownership is not required. If you have one or more or are looking for one, please give a brief description (year, body style, color, condition). _____

Sonoma A's dues are \$50 for the first year or portion there of. If you join in November or December you will have a paid membership included for the following year. Dues become \$20 per year thereafter. Your membership entitles you to all the benefits enjoyed by more than 90 families and include the award winning Grapevine Gazette monthly news letter. Mail a completed application and a check for \$50 to:

Sonoma A's
P. O. Box 4052
Santa Rosa, CA. 95402

Membership in the Model A Ford Club of America (MAFCA) is required and annual dues are \$40 to be paid directly to them. Mail a completed application and a check for \$40 to:

MAFCA
250 S. Cypress St.
La Habra, CA. 90631-5515