

Club 'T' MG Membership Application



Annual family membership \$25.* Please complete the form and send with a check to Club 'T' MG, P.O. Box 5243, Portland, OR 97208.

Date: _____

Name _____
(LAST NAME FIRST; PLEASE PRINT)

Spouse _____

Children _____

Address _____

City _____ State _____ Zip _____

Phone (___ ___) _____ Occupation (optional) _____

E-mail _____ Spouse's Email _____

Car Year & Model _____ Color _____

License number _____ Car number _____

Car Year & Model _____ Color _____

License number _____ Car number _____

Car Year & Model _____ Color _____

License number _____ Car number _____

List additional cars on back.

* Calendar Year. Prorated as follows: April – June \$20.00; July – August \$15.00;
Labor Day – ABMF special \$25 through end of next year.

| | | |
|----------------------------------|---------------|--------------|
| Date received (Treasurer) _____ | Check # _____ | Amount _____ |
| Date received (Membership) _____ | | |