WICHITA A'S - 2027

*******Use this form for RENEWAL ----- If No Changes to INFO** Date Paid _____

NAME_____

_____ **RENEWAL** (Dues are $25) _____ **AD** (Business Card $25)

CIRCLE how you want your newsletter? (E-mail, Mailed)

IF changes to Address, Phone or E-mail please use longer form.

MAKE CHECKS PAYABLE TO: **WICHITA A's**

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*******Use this form If You have Changes to INFO OR FOR A NEW MEMBER**

WICHITA A'S MODEL A FORD CLUB – 2027

(Oct.1 thru Sept. 30)

ALL CLUB DUES (Oct.1 thru Sept. 30) are **$25**. ____ **NEW or** ____**RENEWAL**

PLEASE CHECK HOW YOU WOULD LIKE TO RECEIVE YOUR NEWSLETTER:

____ **ONLY E-MAILED**

____ ***ONLY MAILED HARD COPY***

Commercial Newsletter Ad (Enclose Business Card IF New or Updated) _____$25/ Year

NAME_____ BIRTHDAY (MO/ DAY)_____

SPOUSE'S NAME_____ BIRTHDAY (MO/ DAY) _____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

HOME PHONE (IF want printed in roster) _____

MEMBER CELL (IF want printed in roster) _____

SPOUSE CELL (IF want printed in roster) _____

E-MAIL ADDRESS_____

Include me on the Club e-mail list? YES or NO

Model A Year & Body Style:_____

MAKE CHECKS PAYABLE TO: **WICHITA A's**

BRING TO THE CLUB MEETING OR MAIL TO: WICHITA A'S, P.O. BOX 25 , WICHITA KS 67201