

Emerald Empire Vintage Auto Club

Renewal and Application Membership

NAME _____ SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

OCCUPATION _____ SPOUSE'S _____

HOME Ph _____ WORK Ph _____

CELL Ph _____ e-mail _____

BIRTHDAY _____ SPOUSE'S B-Day _____

ANNIVERSARY Date _____ (Year Optional)

Vintage Cars Owned (1928 To 1975):

Insurance Company _____ Policy # _____

ARE YOU WILLING TO:

SPOUSE:

Hold An Office YES ___ NO ___

YES ___ NO ___

Chair A Committee YES ___ NO ___

YES ___ NO ___

Work On A Committee YES ___ NO ___

YES ___ NO ___

Participate In Activities YES ___ NO ___

YES ___ NO ___

Club Member who refered you: _____

SIGNATURE _____ Date _____

Please Include Yearly Dues Of \$20.00 (May Prorate)

Send To:

EEVAC Attn: Treasurer PO Box 40191, Eugene, OR, 97404

www.eevac.org

Newsletter is available monthly at the web page unless you notify the editor that you need a copy mailed.