

- New - \$25
- Renewal - \$15

Date Paid _____
 Check No _____

2025 Henry's Lady Membership

~~ CLUB USE ONLY ~~

If new member, please print all information requested below. If renewing, print your name and new information

Name: _____ Spouse: _____

Address: _____ City/Zip: _____

Area Code/Telephone: Home _____ Your Cell _____ Spouse Cell _____

MAFCA Member # _____ For free first year membership in Model A Ford Club of America (MAFCA), see Membership Chairman.
 MAFCA membership is strongly encouraged for all Henry's Lady members.

Insurance Co: _____ Your E-mail Address: _____

Year & Body Styles of your Model A Fords: _____

Your Birthday (NO YEAR)
 ____/____/____

Spouse Birthday (NO YEAR)
 ____/____/____

Wedding Anniversary
 ____/____/____

Make your check payable to: **HENRY'S LADY CHAPTER, MAFCA** and mail to:
 HENRY'S LADY CHAPTER, P.O. Box 1442, GRANTS PASS, OR 97528-1442

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 HENRY'S LADY CHAPTER, P.O. Box 1442, GRANTS PASS, OR 97528-1442
 Website: www.henryslady.org Email: henrysladychapter@gmail.com