

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

Date Paid _____

Check No. _____

~~ CLUB USE ONLY ~~

2023 Henry's Lady Membership

Please **Print all information** requested below, even if this is a renewal

Name: _____ Spouse: _____

Address: _____ City/Zip: _____

Area Code/Telephone: Home _____ Cell _____ Cell _____

MAFCA Member # _____ Required (According to our By-Laws, MAFCA membership is required of Henry's Lady members)

Insurance Co: _____ Policy No: _____ 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