

LAFAYETTE INDIANA HISTORIC AUTO CLUB - MEMBERSHIP APPLICATION

PO BOX 191 LAFAYETTE, IN 47902

NAME _____

ADDRESS _____

CITY,STATE,ZIP _____

MEMBERS BIRTHDAY _____

SPOUSES NAME _____

SPOUSES BIRTHDAY _____

WEDDING ANNIVERSARY _____

HOME PHONE() - CELL PHONE() -

WORK PHONE() -

EMAIL ADDRESS _____

CHILDREN UNDER 21 NAME & BIRTHDAY _____

LIST OF AUTOS (ANTIQUE & CLASSIC) _____

AUTO INSURANCE CARRIER _____

I wish to become a member of the Lafayette Indiana Historic Auto Club. I promise that I will (1) abide by the By-Laws of this club; (2) assist on committees when asked to do so; (3) participate in club activities;and (3) uphold the purpose of this club in the interest and/or acquisition of antique cars, literature, and related subjects. I understand that the Lafayette Indiana Historic Auto Club, INC (Lihac) is a non-profit club.

Signature _____

Dues Paid (\$15.00 per year --- for year 20 to 20

Treasurer

Secretary