



MEMBERSHIP APPLICATION FORM

Name: _____

Co-Member: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ e-mail: _____

CAR INFORMATION 1

Year: _____ Model: _____

Year: _____ Model: _____

Body Style: _____ Engine _____

Body Style: _____ Engine: _____

CAR INFORMATION 2

Year: _____ Model: _____

Year: _____ Model: _____

Body Style: _____ Engine _____

Body Style: _____ Engine: _____

Add any additional cars on the back of this form.

CALENDAR YEAR MEMBERSHIP DUES (Note: Includes 4 Ad Releases)

Domestic U.S. Membership US \$ 30.00

Canadian Membership (Cash or US Bank Check) \$32.00

Overseas Membership (Cash or US Bank Check) US \$ 35.00

Make money orders or checks payable to AMCRC, Inc.

Please note:

All payments must be made in U.S. Funds ONLY and be on a U.S bank check or in cash.

Mail to AMCRC Membership and Renewal Office:

AMCRC Membership Office

5802 West Cactus Wren Way, Florence, AZ 85132