

OVAC MEMBERSHIP/RENEWAL FORM

APPLICATION DATE			
MEMBER NAME			
	LAST	FIRST	SPOUSE/SIGNIFICANT OTHER
MAILING ADDRESS			
HOME/CELL PHONE EMAIL	/		

MEMBERSHIP INSTRUCTIONS

1. FILL IN ALL INFORMATION REQUESTED ON THIS FORM
2. RETURN THIS SHEET WITH DUES PAYMENT. (\$25)
3. MAKE CHECKS PAYABLE TO OVAC
4. MAIL DUES AND MEMBERSHIP FORM TO **OVAC OLYMPIC VINTAGE AUTO CLUB
P. O. Box 1614, SILVERDALE, WA 98383**
5. CHECK ONE:

I WANT TO RECEIVE <i>THE DUSTER</i> VIA EMAIL	<input type="checkbox"/>
I WANT TO RECEIVE <i>THE DUSTER</i> VIA US MAIL	<input type="checkbox"/>
6. TOTAL PAYMENT ENCLOSED \$ _____

LIST YOUR ANTIQUE, VINTAGE, SPECIAL INTEREST &/OR COLLECTOR CARS >30 YEARS OLD

YEAR, MAKE MODEL	YEAR, MAKE, MODEL
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20

**I CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL COMPLY WITH
THE OVAC TOURING GUIDELINES.**

SIGNATURE

(SPELL NAME)