**Membership Application
Lake Erie Region
Antique Automobile Club of America**

|  |  |
| --- | --- |
| **Name** |  |
| **Spouse’s Name** |  |
| **Address** |  |
| **City / State / Zip** |  |
| **Phone Number** |  |
| **Nat'l AACA Number** |  |
| **Occupation** |  |
|  **Optional Information** |
| **Birthday (mm/dd)** |   |
| **Spouse Birthday (mm/dd)** |   |
| **Anniversary (mm/dd/year)** |   |
| **Name of Sponsoring Member** |   |
| **List Any Antique Vehicles you Own Below** |
| **Manufacturer** | **Year** | **Model** | **Cyl** | **Style** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

**Complete this form and mail it to:**Lon Wilson
LER AACA Membership Chair
235 Villa Avenue
Buffalo, NY 14216

Include check or money order for $25 payable to LAKE ERIE REGION, AACA.