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 | | |
| 1. Return this sheet with dues payment. ($25) | | |
| 1. Make Checks Payable to OVAC | | |
| 1. Mail dues and membership form to OVAC OLYMPIC VINTAGE AUTO CLUB   P. O. Box 1614, Silverdale, WA 98383 | | |
| 1. Check One: | | |
|  | I want to Receive *The Duster* via Email | |
|  | I want to Receive *the Duster* via US Mail | |
| 1. 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) | | |