

**2016 Membership Renewal
AACA Northeast Florida Region
Jacksonville, Florida**

Name

Last _____

First _____

Middle _____

Spouse _____

Address _____

City/State/ZIP _____

Phone Number _____ **Cell Phone** _____

National AACA Number _____

E-mail _____

This is only for club use

Birthday (dd/mm): Member's _____ **Spouse's** _____

Wedding Anniversary (dd/mm) _____

Please list all of the antique, classic, or collectible vehicles

<u>Year/ Make</u>	<u>Model</u>	<u>Type of Vehicle</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other vehicles on a separate sheet of paper and remit with your registration and dues of \$20.00. Make the check payable to AACA NE Florida Region . Please give or mail to:

Karen Altomare
P. O. Box 58021
Jacksonville, FL 32241-8021