

WRAACA Membership Application

Member Name

Spouse Name

Home Address

City/State/Zip Code

Phone Number

New / Renewal (circle one)

E-mail Address

AACA Membership Number (From Label of Antique Automobile)

(You must be a member of the AACA to join the WRAACA) _____

Cars we own: _____ No Change from last year

Please complete and return this form when renewing your membership.

WRAACA dues are still only \$20.00. Please make check payable to "WRAACA".

Please send this form and check to:

Mark Staple, PO Box 285, White Plains, NY 10605

Check No. _____ or Cash _____ Date Rec'd _____