

## SUSQUEHANNA VALLEY REGION HCCA

(A region of the Horseless Carriage Club of America)



## MEMBERSHIP APPLICATION/RENEWAL

			SPOUSES FIRST NAME	
	S:			
CITY:			ZIP	
Preferred	Phone: ()	Alt. Phone: (		
E-MAIL: _				
HCCA NA	TIONAL MEMBERSHIP NO.: _			
Annual Du	ues Receiving Correspondence	via E-Mail only (no US N	//ail):\$10.00/Year	
	Dro 1016 V	ehicles Owned		
YEAR	MAKE	enicies Owned MODEL	BODY	
		_		
	(It is not necessary to own a vehicle to 1931 model year or earlier for local ev			
Please m	ail this completed form with pay	ment made out to SVR	HCCA:	
SVR Membership Betty Swann 350 Forest Drive		Or email to: b	Or email to: bswann1912emf@aol.com	
New Oxford, PA 17350 (717) 968-2256			Permission to publish email address in membership roster? (Yes) or (No)	
SIGNATU	JRE:			
RECOM	MENDED BY:	(O <sub>I</sub>	ptional for New Members)	
DATE REC	EIVED BY MEMBERSHIP CHAIRMAI	N: ID:		