



## Membership Application

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ List Name on Chapter Website? Yes \_\_\_ No \_\_\_

HCCA National Membership # \_\_\_\_\_

Your Birthday: \_\_\_\_\_ Spouses Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Pre-1916 Cars Owned: \_\_\_\_\_

List cars in Chapter Roster? Yes \_\_\_ No \_\_\_

I enclose \$25.00 \_\_\_ Recommended by \_\_\_\_\_

Send application with payment to:

Bill Brommer  
19529 Alana Road  
Castro Valley, CA 94546