

Membership Application

Name: _____ Spouse: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Bus. Phone: _____ Cell Phone: _____

Your Email: _____ Spouse's eMail: _____

HCCA National Membership # _____ HCCA Membership required for BAHCC membership

Your Birthday: _____ Spouses Birthday: _____ Anniversary: _____

Pre-1916 Cars Owned: _____

Note: Ownership of Pre-1916 Cars is not required for membership

Can BAHCC list your contact information on our BAHCC's website? Yes ___ No ___

___ Enclose \$35.00 yearly dues to receive the monthly Gazette by mail and eMail

Recommended by _____ Dated _____

Please send application with payment to:

Ed Archer, Membership Chairman 1807 East Ave Hayward, CA 94541