



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 \$35.00 ___ Recommended by _____

Send application with payment to:

Bill Brommer
19529 Alana Road
Castro Valley, CA 94546