

CAMP HOWZE MVPA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Phone:	Cell:	Email:
Current address:		
City:	State:	ZIP Code:
MVPA #:	Active Member Ship (\$20 year) _____	Veteran Membership (\$10 year) _____

VEHICLE INFORMATION (PLEASE INCLUDE A CURRENT PHOTO/S)

First Vehicle Year/Make/Model/Etc.:
Second Vehicle Year/Make/Model/Etc.:
Third Vehicle Year/Make/Model/Etc.:
Fourth Vehicle Year/Make/Model/Etc.:
How many are restored and operational:

EMERGENCY CONTACT

Name of Contact (in case needed at an event):		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF DIFFERENT THAN ABOVE

Name:		
Address:	Phone:	Email:

INTEREST

Have a vehicle and want to participate in events that involve vehicles	Yes:	No:
Participate as a Living History individual (Uniform may be required)	Yes:	No:
Joining as a Veteran to support or learn about the history	Yes:	No:
Other (explain):		

PAYMENT INFORMATION

Check # (if paid by Check):	Amount:	Rep:
CC	Date:	Type:

SIGNATURES

I authorize the verification of the information provided on this form and understand membership is not guaranteed until approved by the board and responded back to me,

Signature of applicant:	Date:
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Do Not Write Below this Point

BOARD ACCEPTANCE

Date:	Accepted	Yes	No
Member Number	Notes:		