Membership Application

O I am renewing (includes I	apsed club memberships	of less than 2 years).	
Club Name			
Address			
			_
City	State _		ZIP
Web Site http://			
How long in existence	Numbe	r of members	-
Short history and/or club focus	S		
	Club Application Re	presentatives	
Applying Primary Club Repr	esentative	-	
(First)	(MI)	(Last)	
Address		, ,	Zip
Phone (<u>)</u> (Work)	()	()	
		e)	(Cell)
Email	_		
Applying Alternate Club Rep	<u>oresentative</u>		
(First)	(MI)	(Last)	
Address	City	State _	Zip
Phone (<u>)</u>	() (Hom	()	(Cell)
(Mark)	(Holli	e)	(Cell)
Phone (<u>)</u> (Work) Email			



Membership Application

Club Delegates						
First Club Delegate						
 Same as <u>Applying Primary Club Representative</u> (do not fill out information below). Same as <u>Applying Alternate Club Representative</u> (do not fill out information below). 						
(First)	(MI)	(Last)				
Address	_ City	_ State	Zip			
Phone () (Work)	() (Home)	(Cell)				
Email						
Second Club Delegate						
 Same as <u>Applying Primary Club Representative</u> (do not fill out information below). Same as <u>Applying Alternate Club Representative</u> (do not fill out information below). 						
(First)	(MI)	(Last)				
Address	_ City	_ State	Zip			
Phone () (Work)	() (Home)	() (Cell)				
Email						

Special Instructions:

- 1. Each club must identify 2 delegates to represent the club as MAFWDA meetings. The 2 club delegates have voting rights in the Association.
- Download the blank club membership roster spread sheet from the MAFWDA web site (http://mafwda.org/index.php?option=com_weblinks&task=view&catid=50&id=17) and email it to the MAFWDA secretary at <u>Secretary@mafwda.org</u>.
- 3. Contact the MAFWDA treasurer at Treasurer@mafwda.org to arrange Association and United Four Wheel Drive Associations dues payment.

Information listed below is to be filled out by MAFWDA Office					
Date Club Membership Accepted:	// MM DD	Expiration Date:	MM DD YYYY		
Approved Club Code:		Signature of MAFWD	OA Representative		