

MAFCA CHAPTER REGISTRATION – 2006

Registration Form due January 31, 2006

Make necessary changes to the address shown on the mailing label at left. We suggest you use a club PO box for continuity instead of a member's address.

Contact Phone: _____

E-mail Contact: _____

Instructions: List your officers (President, VP, Secretary, Treasurer, Editor, etc) below or if your group doesn't have 5 officers, list one (or more) of your MAFCA members. Regions and Special Interest Groups, with no officers may simple list 5 or more of your MAFCA members. Chapters are asked to encourage all their members to also be members of MAFCA to comply with insurance company requirements.

Please send a copy of your chapter Roster for MAFCA records.

Note: If you don't have 5 current MAFCA members listed below, your form will be returned.

1 Title: _____ Member #: _____
Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

2 Title: _____ Member #: _____
Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

3 Title: _____ Member #: _____
Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

4 Title: _____ Member #: _____
Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

5 Title: _____ Member #: _____
Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

Please select the items you desire:

Please send a complimentary copy of *The Restorer* to our chapter

Please send a complimentary President's Pin to our President listed above.

***One President's Pin for members serving multiple terms please.**

There is no fee involved submitting this form, and it keeps your chapter in good standing with MAFCA.

Return this form to: MAFCA, 250 South Cypress Street, La Habra CA 90631-5515

Questions? Call (562) 697-2712 (10 AM to 4 PM Pacific) or e-mail: info@mafca.com