

Auto Clubs Council of Indiana
New Member/Membership Renewal Application

Please Indicate Type of Membership: _____ Club _____ Individual _____ Affiliate

Club Membership Section - \$50

Club Name _____

Address _____

Number of Members _____

Web Address _____

Each club may be represented by two delegates and one alternate delegate.

Delegate 1

Name _____

Address _____

Phone _____

Email Address _____

Delegate 2

Name _____

Address _____

Phone _____

Email Address _____

Alternate Delegate

Name _____

Address _____

Phone _____

Email Address _____

Individual Membership Section - \$15

Name _____

Address _____

Phone _____

Email Address _____

Are you a car club member? Yes No

If you circled Yes, list the club's name and address.

Address _____

Affiliate Membership Section - \$100

Business Name _____

Address _____

Web Address _____

Contact Person _____

Phone _____

Email _____

MAKE CHECK PAYABLE TO
"Auto Clubs Council of Indiana, Inc."

Mail to:
Auto Clubs Council of Indiana, Inc.
c/o Betty Wellinger
1639 West Division Road
Tipton, IN 46072

Amount of Check Enclosed _____

Important: Please Print the Above Information Legibly