

Auto Clubs Council of Indiana

New Member/Membership Renewal Application

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

Club Membership Section - \$50 **Museum Member ship - \$50**

Club/Museum Name _____

Address _____

Number of Members _____

Web Address _____

Each club/museum 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 club's name and address

Address _____

Affiliate Membership Section - \$150

Business Name _____

Address _____

Web Address _____

Contact Person _____

Phone _____

Email Address _____

MAKE CHECK PAYABLE TO
"Auto Clubs Council of Indiana"

Mail to:
Auto Clubs Council of Indiana, Inc.
c/o Clark Accounting
604 W. Taylor St.
Kokomo, IN 46901

Amount of Check Enclosed \$ _____