



Organized 1971

www.avcm.org

Antique Vehicle Club of Mississippi

P.O. Box 55792

Jackson, MS 39296

AVCM Membership Application

Print this page, complete and mail to the above address.

Name: _____

Spouse's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Occupation, Employer or Retired: _____

Phone Number to be used for Club Contact: _____

Email Address for Club Newsletter: _____

Antique Vehicle(s) Owned:

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

How did you hear about us? _____

Applicant's Signature: _____

Include \$25.00 Membership fee which is renewed on October 1st of each year.

(Voting Privileges are Limited to Adult Paid Members.)

For Office Use: Amount Received _____ Check # _____ Date Received _____ Received by: _____