



2024 Membership Information

SCMAFC Membership

c/o: Sharron & Lyle Brooks

79 Macewan Meadow Way NW

Calgary, Alberta, T3K 3J3

1. Please complete any missing entries, correct any errors, sign and return the form complete with payment, To the above address.

E-transfers are accepted at:

SCMAFCMEMBERSHIP@gmail.com

2. Since the Club's fee structure, member records, and personal data usage authorization operates on a calendar year basis, members are requested to complete and return their forms prior to the end of each calendar year. In the absence of updated forms, the previous authorization and details will continue to apply.

THANK YOU in advance for your participation.

Personal Information

<i>Member:</i> _____			<i>Spouse:</i> _____		
<i>Mailing Address:</i> _____			<i>Telephone:</i> _____		
			<i>Cellular:</i> _____		
Birthdays & Anniversaries:			<i>E-mail:</i> _____		
			<i>Year last joined:</i> _____		
<i>Name</i> _____ <i>Date</i> _____			<i>MAFCA member No.:</i> _____		
			Financials:		
			Annual Family Membership fee \$ <u>35.00</u>		
Anniversary _____			(Script included in membership with e-mail ONLY)		
			Script via e-mail (N/C) \$ <u>0.00</u>		
Model A's:			Script printed and mailed @\$20.00 \$ _____		
<i>Body Type</i>	<i>Year</i>	<i>Condition *</i>	Club Lapel Pins @ \$6.00each \$ _____		
			Club Crests @ \$6.00each \$ _____		
			Sum of items above: \$ _____		
* NR = Needs Restoration R = Restored			Less advance payments: \$ _____		
UR = Under Restoration O = Original			TOTAL Payable AND Enclosure: \$ _____		

Permission is granted to publish, within reason, the information supplied above in the SCMAFC Roster, Newsletter (Script) and website. No mailing lists are sold or distributed for financial gain.

Member Signature _____

Date _____

