

AUSTIN HEALEY CLUB OF OREGON

MEMBERSHIP APPLICATION

New ___ or Renew ___

Membership Information (please print legibly)

Name: Last _____ First _____ Birth Month ____ Day ____

Spouse/

Partner: Last _____ First _____ Birth Month ____ Day ____

Street Address: _____ City _____ State _____ ZIP _____

Primary	Primary	Primary
Email _____	Phone _____	Cell _____
Other	Second	Second
Email _____	Phone _____	Cell _____

Austin Healey Information:

Model _____ Year _____ Date Purchased _____

Additional Healeys Owned _____

How did you hear of the Austin Healey Club of Oregon? _____

Dues are free for your initial calendar year of membership. Renewal date is January 1st at which time dues are \$30 for one year or \$50 for two years.

Please make checks payable to: Austin Healey Club of Oregon and mail to:

**Beckie Daniels
959-23 Burnt Ridge Rd
Onalaska, WA 98570**

Should you wish to pay your dues by credit card, please complete all information requested below.

CREDIT CARD INFORMATION FOR AUSTIN HEALEY CLUB OF OREGON

Cardholder Name: _____ Zip Code Associated with Card: _____

Card Company _____ Credit Card Number _____

Expiration Date _____ Three Digit Security Code ____ Amount of charge _____

If you have questions regarding the AHCO or membership, please e-mail Beckie at bjd97@juno.com.