



## Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone

Number: \_\_\_\_\_ Email: \_\_\_\_\_

Car(s) Owned: Make, Model, Year

\_\_\_\_\_

MCA Member? Yes: \_\_\_ No: \_\_\_ MCA Membership Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

FSM&F Membership Fee: \$25 per year

Mail to: FSM&F Club- 600 Smyrna Ave Wilmington, DE 19809-1122

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