



First Capital Chapter AACA
New Bern, NC
APPLICATION for Membership

(Please Print)

Date: _____

Name: _____

Spouse: _____

Cell Phone: _____

Spouse: Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Spouse Email: _____

Year & Make of your Antique or Classic Automobiles Owned: (Ownership is not a requirement)

Special Interests or Skills:

Are you a Member in good standing of the Antique Automobile Club of America?

Yes _____ No _____ Membership #: _____

Are you a member in good standing of the North Carolina Region? Yes _____ No _____

(Membership required in National, Region and Chapter is required.)

Applicants Signature: _____

ANNUAL DUES: National \$45.00, Region \$15.00, Chapter \$25.00

Mail applications & your check payable to 1st Capital AACA to: Mike Wilson 3907 Sienna Trail, New Bern, NC 28562-9227 (252) 631-3145