

NCECC/SCCMGC Membership Application

Annual dues are \$25.00. Please complete this form and enclose your check made out to NCECC/SCCMGC. We look forward to an exciting year of events and just plain good fellowship.

New

Renewal

Change

Last Name, First Name, MI _____ Birthday: MO ____ DAY ____

Address _____ City _____ State ____ Zip-Code _____

Res Phone _____ Cell Phone _____ E-mail address _____

British Cars (model & year) _____ Are you a member of the MGA or MGB Register? _____

Occupation (Now or before retirement) _____ Partner's Name _____

Partner's Birthday: MO ____ DAY ____ Email _____ Cell _____

As a member of the NCECC/SCCMGC, I agree to hold the NCECC/SCCMGC, its Board of Directors, officers and organizers of events free from all liability for any accident or injury which occurs in connection with club events.

Signature _____ Date _____

Mail Application to NCECC/SCCMGC, P. O. Box 10728, Brooksville, FL, 34603