

Return this form and annual fee of: **\$10.00** (U.S. funds - drawn on a U.S. Bank only!) to:  
Model A Restorer's Club, 6721 Merriman, Garden City MI 48135  
Questions Call (734) 427-9050, Fax (734) 427-9054 or email: modelarestorers@sbcglobal.net

Annual "Region Renewal Forms" will be sent to all Regions in advance of year's end. The completed form and annual fee, as established by the Board, shall be due on January 31<sup>st</sup> of each year. Failure to submit the renewal form may result in being dropped as a region.

**"ALL REGION MEMBERS MUST BE CURRENT MARC MEMBERS"**

**REGION NAME** \_\_\_\_\_

Number of members in your region: \_\_\_\_\_

*Region Contact person can be your president or anyone you may choose  
(Their information will appear in the Model "A" News and website):*

**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title: President or Director**

**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title: Vice President**

**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title: Secretary**

**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title: Treasurer**

**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_  
**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of your region newsletter:** \_\_\_\_\_

**Editor of your newsletter:**

**Membership #** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE FILL OUT FORM COMPLETELY**  
**Region Form is due by January 31, 2019**