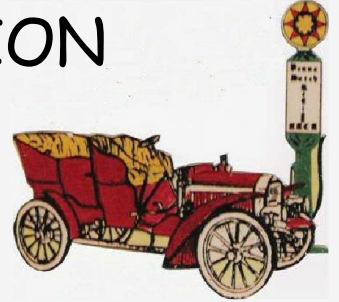




# Pennsylvania Dutch Region MEMBERSHIP APPLICATION

VISIT: [www.padutchregion.com](http://www.padutchregion.com)



Date of Application: \_\_\_\_\_  
National AACA #: \_\_\_\_\_  
(Required for PA Dutch Region membership)

NAME: \_\_\_\_\_ Birth Date: Mo \_\_\_ Day \_\_\_  
 SPOUSE: \_\_\_\_\_ Birth Date: Mo \_\_\_ Day \_\_\_  
 Anniversary Date: Mo \_\_\_ Day \_\_\_  
 ADDRESS \_\_\_\_\_  
 VILLAGE: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone:  \_\_\_\_\_ Cell #  \_\_\_\_\_  
 E-mail:  \_\_\_\_\_

Check the boxes  that you **DO NOT** want published in the PA Dutch Roster.  
 NOTE: Name, Address, Phone, Fax and E-mail address will be published in the PA Dutch Roster unless advised otherwise.

Occupation: (Optional) \_\_\_\_\_  
Special interests, Hobbies, etc: \_\_\_\_\_

**List old vehicles owned**

Check box this box  if you **DO NOT** want vehicle(s) published in the PA Dutch Roster

YEAR (1964)	MANUFACTURE (DODGE)	MODEL (Polara)	TYPE (4Dr HdTp)	YEAR	MANUFACTURE	MODEL	TYPE

Use other side if more space is required

Info on application is not provided to any source outside of PA Dutch Region, except name and AACA Membership # is provided to AACA headquarters for membership verification purposes.

PA DUTCH Members recommending your **membership(s)**:  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

Forward Application to Membership Chairperson, Joanne Ehrhart  
 1924 Black's Bridge Road Annville, PA 17003  
 Phone: 717-832-1116 [membership@padutchregion.com](mailto:membership@padutchregion.com)

- ✓ Membership dues are \$15.00/year, single or joint, payable after acceptance of PA Dutch Region.
- ✓ Applicant must attend regularly scheduled meeting for acceptance into PA Dutch Region of AACA.
- ✓ Make check payable to "PA Dutch Region AACA".
- ✓ Membership tenure is from 1 January to 31 December of the same year.
- ✓ **Members are encouraged to participate in PA Dutch Region by assisting at events and leadership positions.**