

Chapter Registration Renewal Application

Annual Registration Form is due by January 15 to keep your Chapter in good standing with MAFCA. A Late Fee of \$10 will be charged for chapters failing to return their Chapter Registration Renewal by February 28th. It pays to renew early to retain your chapter insurance and save the registration fee.

Make necessary changes to the address shown on the mailing label at left. We suggest you use a club P.O. Box for continuity instead of a member's address.

Contact Phone: _____ **Number of members in your Chapter** _____

The Officers and governing body of each Chapter shall be MAFCA members. (This statement is taken from approved MAFCA BY-LAWS, ARTICLE IX CHAPTERS, SECTION 2, and Membership.)

Instructions: Chapters, Regions and Special Interest Groups must provide a minimum of 5 officers/directors (President, VP, Secretary, Treasurer, etc) with current MAFCA membership number and title for each. Chapters with less than five MAFCA members as Officers and/or Directors must list other MAFCA members to complete the 5 MAFCA member requirements.

Note: If there are not 5 current MAFCA members (not part of the same family membership) listed below, this form will be returned to you for completion. MAFCA Regions and Special Interest Groups with no officers may list 5 or more MAFCA members (not part of the same family membership). **It is strongly recommended that Chapters, Special Interest Groups and MAFCA Regions encourage all their members to join MAFCA.**

Please send a copy of your Chapter's Roster for MAFCA records.

1 President: _____ Email: _____
Membership #: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

2 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

3 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

4 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____

PART III
Section 20-A

Revised 09/18/11
Supersedes 09/12/09

City: _____ State: _____ Zip: _____

5 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

6 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

7 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

8 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

9 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

10 Title: _____ Name: _____
Membership #: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

Newsletter editor: _____ Email: _____

Webmaster: _____ Email: _____

Please select the items you desire:

___ Please send a complimentary copy of *The Restorer* to our Chapter. **Note:** If the MAFCA office receives this completed form **after January 15th**, you must request and include payment of \$5.00 to cover postage and handling for the missed issues of the current year. Canada and International must call MAFCA office for exact postage rates.

___ Please send a **complimentary President's Pin** to our **President** listed above. **(One pin for President serving multiple terms please).**

Submitting this form is required to keep your Chapter in good standing with MAFCA.
There is no fee if renewed before February 28th.

Renewal forms postmarked after February 28 must include a Late Fee of \$10.00.

Return this form to: MAFCA, 250 South Cypress Street, La Habra, CA 90631-5515
Questions? Call (562) 697-2712 (10 AM to 4 PM Pacific) or e-mail: info@mafca.com