

**MAFCA CHAPTER REGISTRATION**

**Registration Form due by January 31 of each year**

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

Contact Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Instructions:** List your officers (President, VP, Secretary, Treasurer, etc). Chapters with less than five officers who are MAFCA members must list other members of your chapter that are MAFCA members below. **Note:** If there are not 5 current MAFCA members (**not** of the same family membership) who have signed below, your form will be returned. Regions and Special Interest Groups with no officers may list 5 or more of your MAFCA members (**not** of the same family membership). Chapters are asked to encourage all their members to be members of MAFCA.

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

1 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Member #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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7 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
 Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
 Membership #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
 Membership#: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

10 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
 Membership#: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please select the items you desire:**

Please send a complimentary copy of *The Restorer* to our chapter

Please send a complimentary President's Pin to our President listed above.\*

**\*One President's Pin for members serving multiple terms please.**

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**Submitting this form requires no fee and it keeps your chapter in good standing with MAFCA.**

**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](mailto:info@mafca.com)**

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