

WASHINGTON COUNTY ANTIQUE TRACTOR CLUB MEMBERSHIP APPLICATION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL: _____

EMAIL ADDRESS*: _____

ANNUAL MEMBERSHIP TYPE

___ - INDIVIDUAL (\$10.00) ___ - FAMILY** (\$15.00)

IF APPLYING FOR A FAMILY MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING

SPOUSE/SIGNIFICANT OTHER: _____

CHILDREN: _____

*Please only provide your email address if you willing to receive emails from the W.C.A.T.C. regarding membership, events and other club related news.

**Family membership includes yourself, a spouse/significant other and any of your children under 18 years old.

The annual membership period is from January 1st through December 31st of the current year.

By signing below, I hereby acknowledge that all information provided is true and accurate to the best of my knowledge.

_____/_____/20_____
Applicant's Signature Applicant's Printed Name month day year

Please mail applications to: W.C.A.T.C.

P.O. Box 4

Boonsboro, MD 21713

Or bring your application to our monthly meeting held on the 4th Tuesday of every month (except December) at 7:00pm in the meeting room of the rural heritage museum at the Washington County Ag Education Center. Visit www.wcatc.org, or www.facebook.com/groups/WCATC for more information.