WASHINGTON COUNTY ANTIQUE TRACTOR CLUB MEMBERSHIP APPLICATION

CITY:	STATE:	ZIP:
PHONE NUMBER:	CELL:	
EMAIL ADDRESS*:		
	ANNUAL MEMBERSHIP TYPE	
INDIV	IDUAL (\$10.00) FAMIL	_Y** (\$15.00)
IF APPLYING FOR A FAMILY MI	MBERSHIP, PLEASE COMPLETE THE FOLI	LOWING
SPOUSE/SIGNIFICANT O	THER:	
CHILDREN:		-
vents and other club related news. *Family membership includes yourse he annual membership period is fron	ss if you willing to receive emails from the spouse/significant other and any of January 1 st through December 31 st of the that all information provided is true a	your children under 18 years old. he current year.
		20
Applicant's Signature	Applicant's Printed Name month day	vear

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.