



VOITURE NATIONALE
Forty and Eight
APPLICATION FOR PAID LIFE MEMBERSHIP



Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ **Date of Birth** _____

Paid up Fee \$ _____ Full Payment Enclosed Down Payment Enclosed

Method of Payment: Check or Money Master Card Visa Discover

Credit Card Number

Exp date

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Date _____ Signature of Applicant _____

(Signature of applicant may be omitted if Paid Life Membership is to be given as a gift)

Mailing Address (If different than above)

Name _____

Address _____

City _____ State _____ Zip _____

THIS SECTION TO BE COMPLETED BY LOCALE CORRESPONDANT

This will certify the above information and affirm that the applicant is a member in good standing of this Voiture Locale (**MUST HAVE A VALID MEMBERSHIP CARD FOR THE CURRENT YEAR**).

Voiture # _____ Grande _____ Years continuous 40 & 8 membership _____

Annual Locale dues are \$ _____ *A reduced Locale fee is where the Voiture Locale can waive a portion or all of their per capita. The Grande and Nationale per capita cannot be waived.*

Member is applying at reduced Locale Fee, which is \$ _____

Date processed by Locale Voiture _____

Signature of Locale Correspondant _____

Please send certified application with payment to Voiture Nationale for processing.

TO BE COMPLETED BY VOITURE NATIONALE

Locale per capita _____ Grande per capita _____ Nationale per capita _____