



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

New / Renewal: \_\_\_\_\_

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### About Your AMC Vehicle(s)

Year: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Engine: \_\_\_\_\_

Trans: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dues are \$15/year, payable with application. Please mail to:

Delaware Valley AMO  
c/o Kevin Shenberger  
759 Saint Johns Pl.  
Dallastown, PA 17313