Connecticut MG Club Membership Application

New Applica	•	Membership a	#		-	CLU
Name: _						
Address: _						
City:			_ State: _	Zip:		
Telepho	ne:					
Em	ail:					
•	O:AMGAR mem	,	, ,			
Tell us about MG #1:	t your British o		MG #2: _	Year	Model	Colour
MG #3:	Year Mode	l Colour	Other? _	Year I	Make/Model	Colour
You will receive a Ct MG club name tag with your initial membership. How would you like your name to appear?						
Additional na like on it?	ame tags may	be ordered fo	or \$6.50 each	. What nai	me would	you ——
How did you about the Ct						
Please mail thi for additional n	s form, along wi ame tags, to:	The Connect c/o Bob 139 Creso Cheshire, ctmgmembers	25 annual memi ticut MG Club bi Juhas cent Circle CT 06410 ship@snet.net 3-272-2606	bership due	s, plus \$6.5	50 each
Check #	Check Date	Amount	Date Entered			