

Membership Application

Mail To: Membership Chairman, UM RSAAC – P.O. Box 390453 – Edina, MN 55439

Name(s): _____ Member # _____

Spouse/Children: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ email: _____

Your Ford Powered Vehicle(s):

Year: _____ Make: _____ Model: _____ Engine: _____ Color: _____

Year: _____ Make: _____ Model: _____ Engine: _____ Color: _____

Special Interests: _____
