



*Austin Healey* CLUB OF SOUTHERN ONTARIO

**NEW MEMBER REGISTRATION FORM**

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

**Spouse:** \_\_\_\_\_

**Future 50:** (children under 18) **Names:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**VEHICLE DETAILS:**

**Make/Model:** \_\_\_\_\_

**VIN:** \_\_\_\_\_

**Make/Model:** \_\_\_\_\_

**VIN:** \_\_\_\_\_

**Make/Model:** \_\_\_\_\_

**VIN:** \_\_\_\_\_

Make your cheque for \$70.00 payable to AHCSO.  
Mail completed form with your cheque to:  
Phil Jarrett  
14 Kentmore Grove  
Carlisle, ON  
L0R 1H2

If you have any questions  
please contact Phil at 905-690-4989

