

**MEMBERSHIP APPLICATION (new or renewals)**

If your address changes please call, email or write to Dave Meacham or you will not be receiving your newsletters. It costs the chapter money every time a newsletter or National magazine is returned and bulk mail will not be forwarded.

Dear IH Enthusiast:

Thank you for your interest in the International Harvester Collectors Club, Chapter 35 of New York State. Below is an application / data card with information necessary to process your membership and enter into our Chapter 35 Club Directory.

**Please use your legal name and full address as required by your post office.** You will receive a national membership card with your national and state member numbers. Save this, they are not reissued each year.

Club benefits include:

- membership in the National Club and State Chapter 35
- quarterly magazine publication from the IHC National Club, **Harvester Highlights**
- quarterly newsletter from Chapter 35, **Farmall Flyer**
- Chapter 35 Member Directory, updated each January for networking needs helping put you in contact with other IH pros in our club
- National IHC insurance policy coverage at club sanctioned events
- direct access to a variety if IH clothing and items from our club store
- post your equipment pictures on our website [www.ihcc35ny.com](http://www.ihcc35ny.com) for all to see!

Dues at this time are \$25.00 per year from November 1 to October 31.

Please print information, **cut off data card** and return with remittance of \$25.00 payable to **IHC NYS Chapter 35** to the address below. Save the rest of the information for your records. We look forward to hearing from you, and meeting you at one of our future events.

Chapter 35 Membership  
David E Meacham  
4510 Harris Hill Rd.  
Williamsville, NY 14221

(716) 573-5313  
[Membership@ihcc35ny.com](mailto:Membership@ihcc35ny.com)

<b>Your Receipt:</b>
\$ _____
Cash or Check # _____
Date: _____



\*Name \_\_\_\_\_  
First                      Middle Initial                      Last

\*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code+4 \_\_\_\_\_

\*Phone # (    ) \_\_\_\_\_ \*County \_\_\_\_\_

E-Mail \_\_\_\_\_

(Please)

IH equipment for directory \_\_\_\_\_  
 \_\_\_\_\_

Skill Area of expertise you are willing to share:  
 \_\_\_\_\_

Amt. \$25.00 / year
Date _____

\*Required