|  |  |
| --- | --- |
| D:\ALMV\images\almv logo.gif | MEDLEMSANSÖKAN |
| **Alingsås Motorveteraner** |  |

|  |
| --- |
| Namn:...................................................................................................Adress.......................................................................................:...........Postnr..............................Postadress: ....................................................Tel bost:..........................................Mobiltfn:............ ............................E-post.................................................................................................... |

**Fordonsinnehav** (ej krav för medlemskap, frivilliga uppgifter)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fordonstyp**(T ex Bil, Mc, Moped) | **Märke** | **Modell** | **År** | **Regnr** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Välkommen!*Ansökan insänds till:
**Alingsås Motorveteraner
c/o Arvid Vestbö
Arrendegatan 94 C
441 56  ALINGSÅS**