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

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

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

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| **Fordonstyp** (T ex Bil, Mc, Moped) | **Märke** | **Modell** | **År** | **Regnr** |
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*Välkommen!*Ansökan insänds till:  
**Alingsås Motorveteraner          
c/o Arvid Vestbö   
Arrendegatan 94 C     
441 56  ALINGSÅS**