

WEST MICHIGAN CHAPTER, BCA MEMBERSHIP APPLICATION

BCA# _____

Name (First & Last) _____ Spouse _____

Address _____ City _____ State ____ Zip ____

Your Birthday ____ / ____ / ____; Spouse's Birthday ____ / ____ / ____; Anniversary ____ / ____ / ____

Home Phone: _____ Cell Phone _____

BUICK'S CURRENTLY OWNED

YEAR	MODEL	BODY STYLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is/was your favorite Buick and why?

Tell us a little about yourself.

For 1 year chapter membership, please return this form with **\$25** to:

**WEST MICHIGAN CHAPTER, BCA
6117 N 6th St, Kalamazoo, MI 49009**

Chapter Director:

TIM POSTMA

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