

Military Vehicle Preservation Association

Group Affiliation/Update Form



Please complete and Return to:
MVPA, PO Box 520378, Independence, MO 64052 * Fax: (816) 833-5115

You must have 10 active MVPA members to start an Affiliate Group

Name of your Organization _____

Organization Address (if applicable): _____

Incorporated? _____ If so, in what state _____ IRS Tax Status _____

How long have you been organized? _____ How many members do you have? _____

How many of your members are members of National? _____ **(Please Include membership roster)**

Geographical area served: _____ Web Site: _____

Name of your newsletter? _____ How often is it published? _____

Do you have regularly scheduled meetings? _____ When: _____

Meeting Date: _____ Time: _____ Location: _____

Officers and Newsletter Editor must be active members of the MVPA (See MVPA Policy 4)
Below please include full addresses, phone numbers and MVPA member #

President _____ MVPA# _____ Phone _____

Street _____ City _____

State _____ Postal (Zip) Code _____ E-mail _____

Vice-President _____ MVPA# _____ Phone _____

Street _____ City _____

State _____ Postal (Zip) Code _____ E-mail _____

Secretary _____ MVPA# _____ Phone _____

Street _____ City _____

State _____ Postal (Zip) Code _____ E-mail _____

Treasurer _____ MVPA# _____ Phone: _____

Street _____ City _____

State _____ Postal (Zip) Code _____ E-mail _____

Newsletter Editor _____ MVPA# _____ Phone _____

Street _____ City _____

State _____ Postal (Zip) Code _____ E-mail _____

We, the undersigned certify that as an Affiliate of the MVPA, to the best of our knowledge, we have met all
the criteria of the MVPA's National Affiliated Group Program.

Affiliate President

Affiliate Newsletter Editor/other officer

Date Signed