



Studebaker Family National Assoc.  
P.O. Box 196  
Tipp City, OH 45371-0196  
937-405-6539  
office@studebakerfamily.org  
www.studebakerfamily.org

# Membership Application

To apply for membership or purchase a gift membership to the Studebaker Family National Association, please complete the form below and return with payment to:  
SFNA, P.O. Box 196, Tipp City, OH 45371-0196.

**Membership Information:** (your name if purchasing a gift membership for someone else)

Please mail my newsletter to the address below **SFNA Genealogy #** \_\_\_\_\_  
 I would like to receive my newsletter via Email

Name \_\_\_\_\_  
First Middle Maiden (if applicable) Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Gift Membership:** (please provide additional gift memberships on a separate sheet of paper)

Name \_\_\_\_\_  
First Middle Maiden (if applicable) Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship \_\_\_\_\_ Genealogy # (if known) \_\_\_\_\_

**Payment Enclosed** – make checks payable to SFNA. All donations are tax-deductible.

Membership Donation - \$25.00	\$ _____	(membership good for one year from date of purchase)
Life Membership - \$400.00	\$ _____	(includes complimentary Lineage Chart)
Gift Membership(s) - \$25.00 ea.	\$ _____	
Additional donation(s):	\$ _____	Thank you for your generous gift!
	\$ _____	in memory of _____
	\$ _____	in honor of _____
<b>TOTAL</b>	\$ _____	Thank you!