



FIAT LANCIA UNLIMITED (FLU) MEMBERSHIP APPLICATION

Name _____ Spouse _____

Address _____

City/State/Zip _____

Telephone (H) _____ (W) _____ ITALIAN AUTOS OWNED (Year, Make, Model)

e-mail address _____

How did you hear about FLU? _____ New Member Renewal Day Member

Indicate Chapter Affiliation: _____ *(Choose from list on page two)*

_____ Single Day FLU Membership \$5 Date: ___/___/___ Chapter: _____

_____ FLU One Year Membership \$35 *Make Check payable to: Fiat Lancia Unlimited*

**Mail to: FLU Membership
3258 Scioto Farms Dr, Hillard, OH 43026**

