

SIERRA MUSTANG CLUB MEMBERSHIP APPLICATION

Dedicated to the Restoration and Preservation of the Ford Mustang
 Membership is open to all Ford Mustang enthusiasts. Owning a Mustang is not required.

NAME: (Primary Member) _____

BIRTHDATE _____ / _____ (Month/Day)

NAME: (Associate Member)(List additional on reverse) _____

BIRTHDATE _____ / _____ (Month/Day)

ANNIVERSARY: _____ / _____ / _____ (Month/Day/Year)

STREET ADDRESS: _____

CITY/STATE/ZIPCODE: _____

HOME PHONE: _____ E-MAIL ADDRESS: _____

Cell #: _____

DO NOT PUBLISH THE FOLLOWING (Check all that apply):

STREET ADDRESS ___ PHONE NUMBER ___ E-MAIL ADDRESS ___

MUSTANGS OWNED: Year: _____ Body Style: _____ Color: _____

Year: _____ Body Style: _____ Color: _____

INSURANCE COMPANY: _____

POLICY #: _____

MEMBERSHIP DUES are on a Calendar Year basis	AMOUNT
Primary Members: (Check one) _____ RENEWAL - \$25 _____ NEW - *See Note Below	
Associate Members: \$5 _____ people@ \$5=	_____
Club Logo Name Badges: \$12 **Indicate name(s) on form below _____ badges@	_____
TOTAL	_____

* Note: NEW MEMBERS DUES are based on date of application as follows:
 January 1 thru June 30 -\$25: July 1 thru September 30 -\$15: October 1 thru December 31 -\$10

**Name Badges – indicate type:
 Lanyard ___ Pin ___ or Magnetic ___

Badge #1: _____

Badge #2: _____



SIERRA MUSTANG CLUB
YOUR NAME HERE
SACRAMENTO

LIABILITY: It is understood that the SIERRA MUSTANG CLUB assumes no responsibility to, nor will be responsible for any damage or loss of car or property within.

SIGNATURE: _____ DATE: _____

Send checks/money orders, payable to Sierra Mustang Club, to:
 SIERRA MUSTANG CLUB, P.O. BOX 1793M FAIR OAKS, CA. 95628-1793 or bring them to the meeting

OFFICE USE ONLY

DATE RECEIVED: _____ CHECK #: _____ AMOUNT: _____

DATE SENT/DELIVERED: _____