

SIERRA MUSTANG CLUB MEMBERSHIP APPLICATION

Dedicated to the Restoration and Preservation of the Ford Mustang
 Membership is open to all Ford Mustang enthusiasts. Owing 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/ZIP CODE: _____

HOME PHONE: _____ E-MAIL ADDRESS: _____

I WANT TO RECEIVE MY NEWSLETTER BY E-MAIL _____ OR REGULAR MAIL _____
 DO NOT PUBLISH THE FOLLOWING (Check all that apply):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 #: _____
(LIABILITY & PROPERTY DAMAGE INSURANCE REQUIRED FOR ANY CLUB SPONSORED EVENT PER ARTICLE IV OF THE BY-LAWS)

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

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 1793, FAIR OAKS, CA. 95628-1793 or bring them to the meeting.

OFFICE USE ONLY

DATE RECEIVED: _____ CHECK #: _____ AMOUNT: _____

DATE SENT/DELIVERED: _____