

Mustang Club of Charlotte County

PO Box 495332, Port Charlotte, FL 33952-4126

MEMBERSHIP FORM

Please fill out the form and check if membership is new or renewal.

____New ____ Renewal

Date: _____ E-Mail: _____

Name: _____ Spouse Name: _____

Address: _____ Occupation: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Other Address: _____

Dues are \$24 per year renewal in January.

Jan. \$24 Feb. \$22 Mar. \$20 Apr. \$18 May \$16 June \$14

July \$12 Aug. \$10 Sep. \$8 Oct. \$6 Nov. \$4 Dec. \$2

Mustangs owned:

Year: _____ Body Style: _____ Color: _____

Year: _____ Body Style: _____ Color: _____

Year: _____ Body Style: _____ Color: _____

Year: _____ Body Style: _____ Color: _____

IF ANY MEMBER CHANGES AN EMAIL ADDRESS, PHONE NUMBER, ETC.

**PLEASE LET AN OFFICER OF THE CLUB KNOW, EITHER VIA E-MAIL OR AT A MEETING
SO THAT WE CAN KEEP OUR MAILING LIST UP TO DATE AND MEMBERS CAN STAY**

INFORMED REGARDING UPCOMING CLUB EVENTS.