

2016 Suncoast Mustang Club Membership Application

(PLEASE PRINT)

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ E-Mail Address _____

Business and/or Cell Phone (_____) _____ (_____) _____

Would you like to have your newsletter and club information e-mailed to you? [] Yes [] No

Mustang(s) Owned
Year Body Style Year Body Style

Club Dues **\$20.00 annually (for family membership)**

New Member Dues (only)

Amount in Month Applying (Circle Please)

| | | | |
|---------------|------------|----------------|---------------|
| January \$20 | April \$17 | July \$14 | October \$11 |
| February \$19 | May \$16 | August \$13 | November \$10 |
| March \$18 | June \$15 | September \$12 | December \$10 |

Are you a member of the **Mustang Club of America**? Yes [] No []

Membership Number _____ (needed to support our MCA charter status)

Make Checks Payable and Mail Application to: **Suncoast Mustang Club**
c/o Jane Bliss, Treasurer
14200 60th Street North
Clearwater, Florida 33760-2705

Additional Voluntary Information

Birthdays: Name _____ Month/Day _____

Name _____ Month/Day _____

Name _____ Month/Day _____

Name _____ Month/Day _____

Wedding Anniversary Month/Day _____

Suggestions for Programs, Presentations, Social Activities: _____
