

Suncoast Mustang Club

Membership Application

(PLEASE PRINT)

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Application Date _____

E-Mail Address for newsletter distribution _____

Club Newsletters are distributed by e-mail only to the above address

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

Mustang(s) Owned:

Year	Body Style	Year	Body Style
_____	_____	_____	_____
_____	_____	_____	_____

Club Dues

\$20.00 annually (for family membership)

Make Checks Payable and Mail Application to:

Suncoast Mustang Club

c/o Stan Orzel, Treasurer

2441 Summerlin Drive

Clearwater, Florida 33764

Suncoast Mustang Club

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

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

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: _____