

Central South Carolina Mustang Club



PO BOX 2614
Columbia, SC 29202



APPLICATION FOR MEMBERSHIP

Today's Date: _____

Revised: May 1, 2013

Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

E-Mail Address: 1) _____ 2) _____

Wedding Anniversary Date: _____

Children(s) Names: _____ Date of Birth: _____

Names: _____ Date of Birth: _____

Names: _____ Date of Birth: _____

Mustang Club of America Member: Circle one: Yes or NO

Current Member #: _____ Expiration Date: _____

PLEASE NOTE:

All members of this Regional Club are encouraged to become members of the National Organization of The Mustang Club of America.

Year and Model of Mustang(s)

Special skill or technique: _____

ANNUAL MEMBERSHIP DUES FOR ONE YEAR:

Individual Membership (Single person with one right to a vote) \$25.00

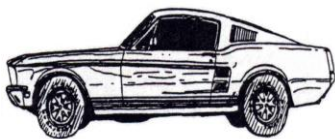
Family Membership (Couple with both having the right to vote) \$30.00

Amount Paid: _____ Check #: _____ Cash: _____



Make Checks Payable to: CENTRAL SC MUSTANG CLUB

Mail to: Central SC Mustang Club
Attn: Membership
PO Box 2614
Columbia, SC 29202



For more information:

Check out the Club Web-Site: www.centralscmustangclub.org

Email the club at centralscmustangclub@gmail.com

President: Brian Miles 803-438-8828 or Secretary Cindy Miles 803-518-2290