



Member Registration / Renewal Form

The Durham Region Classic Mustang Club

Or you can Sign up at www.drcmc.com

PERSONAL DATA:

Name: _____ Spouse: _____
Address: _____
City / Town: _____ Postal Code: _____
Home Number: _____ Business: _____
Email: _____

Vehicle Information:

Model: _____ Year: _____
Colour: _____

Office Information:

Date Joined: _____

I Agree ___ (← *Initial*) that the name, email, phone number, and vehicle type information contained on this form may be published by the club's executive and shared only with other Members and Sponsors.

Signed by: _____

Date: _____

Please Mail this form to:

Durham Region Classic Mustang Club
1215 Engel Ct
Pickering, Ontario
L1W 3W3