Rocky Mountain Mustangers Club
2027 Membership Form
Please bring to a meeting or mail to:
RMMC, P.O. Box 7102, Colorado Springs, CO 80933

PLEASE PRINT

Name: _____

[ ] For renewing members check this box if there are no changes from previous year's information.

Address: _____

City: _____ State: _____Zip:_____

Phone: _____

Email: _____ _____

Spouse's name: _____ Children's names: _____

Mustang(s):
YEAR _____ MODEL _____ BODY STYLE _____
YEAR _____ MODEL _____ BODY STYLE _____
YEAR _____ MODEL _____ BODY STYLE _____

Membership: The RMMC membership year runs from January 1st – December 31st.
Please pay by cash or check ONLY. Make checks payable to RMMC.

Initial Family Membership ($60.00) _____

Renewal Family Membership ($50.00) _____

Initial Single Membership ($50.00) _____

Renewal Single Membership ($40.00) _____

Honorary Membership ($30.00) _____

NOTE: Membership renewal is due yearly by the February club meeting.
This form must be signed and dated.

Insurance Release Statement

I hereby understand that I am fully responsible for my automobile(s) and its contents, and agree to hold harmless the Rocky Mountain Mustangers, Inc., its members, and any volunteers from and against any claim for damage, injury, or loss to person or property which might or does arise out of participation in any club sanctioned activity. I further attest that my automobile(s) in a club sponsored event is/are covered by liability insurance as per the requirements of the State of Colorado.

Member Signature: _____ Date: _____

Name of your Insurance Company: _____

Information provided on this form is club confidential and not to be released without the club member's knowledge and permission.