

Georgia Regional Mustang Club

Membership Application

DATE: _____

New Member ~ Renewal ~ Update (please check one)

Name: _____ MCA# _____

Spouse: _____ Email: _____

Street Address: _____

City, State, Zip: _____

Telephone: (home, work and/or cell) _____

Note: It is not a requirement but GRMC encourages you to become a member of the MCA. You can obtain MCA information at www.mustang.org.

DOB _____

Tell us about the "Pony(s)" in your corral!

Year: _____ Model: _____ Body Style: _____ Color: _____

Engine: _____ Other: _____

(check all that apply)

Daily driver Weekend driver Stock Modified Restored Un-restored

Other (race car, etc.) _____

Year: _____ Model: _____ Body Style: _____ Color: _____

Engine: _____ Other: _____

(check all that apply)

Daily driver Weekend driver Stock Modified Restored Un-restored

Other (race car, etc.) _____

(please check one)

Do you want to provide your name, email, and/or phone number to **other members only**? Yes No

Do you want to participate in Parades, Commercials, etc. with your car(s)? Yes No

Do you wish to have your club items mailed rather than received at a meeting? Yes No

Please mail this application to:

Georgia Regional Mustang Club
3162 Johnson Ferry Rd Ste260 #402
Marietta, GA. 30062

Please select all that apply:

- Annual Dues for Individual: \$30
- Annual Sponsorship (Business): \$150
- Shipping fee for membership package: \$11

T-shirt size (included with new member welcome package only):

SM ~ MD ~ LG ~ XL ~ 2X ~ 3X ~ 4X

(please check one)

FOR OFFICE USE ONLY

Method of payment: _____

Membership card: _____

Decal: _____

T-Shirt: _____