

A 501C (7) non-profit car club EIN 61-1799365 ©

MEMBERSHIP APPLICATION

FULL NAME:	BIRTH MONTH:					
If Joining SPOUSE NAME:	BIRTH MONTH:					
ADDRESS:	PHONE:					
CITY:	SI		ATE: ZIP:			
EMAIL:						
YEAR:	MAKE:		MODE	MODEL:		
YEAR:	MAKE:		MODE	MODEL:		
MEMBERSHIP DAT	E:	NEW	Z RENE	WAL		
SINGLE (\$25 per yr) COUPLE (\$35 per yr)						
MEN'S SHIRT	M L XL	1X 2X	3X 4X	COLOR:	BLUE BLACK	
WOMEN'S SHIRT	S M	L XL	1X 2X	3X 4X	BLUE BLACK	
SIGNATURE:	DATE:					
Please make checks payable to: Wild West Mustangs and mail to the address below						
ADMINISTRATION ONLY						
CASH: \$ RECEIVED BY:	CHECK: \$		CHECK #:	РАҮР	PAL: \$	

WILD WEST MUSTANGS, P.O. BOX 835, PEORIA, AZ 85380