

MEMBERSHIP APPLICATION

COPPERSTATE MUSTANG CLUB MEMBERSHIP APPLICATION

Please complete the following information. All **new** membership applications submitted from September 1 through December 31 will remain in effect until December 31 of the following year. Membership Renewal must be paid no later than **2nd Saturday in February** to be considered an active member. All applications **must** be signed and dated.

Mail your check and application to **Copperstate Mustang Club, P.O. Box 2218 Mesa, AZ 85214** or better yet, bring it to our next general meeting. Ownership of a Mustang is not a prerequisite for membership.

Check one: **NEW MEMBER** ☐ **RENEWING MEMBER** ☐

Member 1 Last Name _____ First Name _____

Member 2 Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ MCA Member Number _____

Mustangs, Shelby's, and other Ford Special Interest Vehicles Owned:

Car #1

Car #2

Car #3

Year _____

Make _____

Color _____

Body Style _____

Please check the Committees you would like to participate in:

Trailer Committee ☐ Charity Committee ☐ Show Committees: Judging ☐ Food ☐ Set Up ☐ Clean Up ☐

Vendors ☐ Door Prizes ☐ Registration ☐ Parking ☐ Entertainment ☐ Other _____

We will be contacting you shortly regarding the committees you have chosen to participate in. Please contact the Secretary for information on various committee descriptions.

I am interested in participating in these events: Car Shows ☐ Parades ☐ Displays ☐ Cruises ☐

The success of our events is dependent upon the amount of support we have. By checking the above areas in which you will participate ensures our success. Always check the website for new events.

I agree that I am solely responsible for my vehicle, contents and accommodations while participating in Copperstate Mustang Club events. I agree to release the Mustang Club of America, Copperstate Mustang Club, Chapman Ford and all related sponsors from liability for personal injury, loss or damage to property.

Signed _____ Date _____

CMC USE ONLY: Membership Dues ☐

Amount Received: Cash \$ _____ Check # _____ Date _____ By _____

Date input in system Date _____ Letter Sent _____ Card Sent _____ By _____

X-----
Annual Family Renewal _____ \$25 _____

New Member Annual Dues with 1 Name tag name _____ \$35 _____

Additional Name tags Each name _____ \$10 _____

name _____ \$10 _____

Total due _____

Print Name _____ Date _____