

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 Sunday 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, Larry H Miller Ford and all related sponsors from liability for personal injury, loss or damage to property.

Signed _____ Date _____

CMC USE ONLY:	Membership Dues <input type="checkbox"/>
Amount Received:	Cash \$ _____ Check # _____ Date _____ By _____
Date input in system	Date _____ Letter Sent _____ Card Sent _____ By _____

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Annual Family Membership Dues	(a)	\$	25.00
Name Tags Name _____	(b)	\$	_____
Name _____	(c)	\$	_____

Print Name _____ Date _____

TOTAL DUE (a+b+c)	\$ _____
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