

**The
Mopars of Brevard, Inc.
“M.O.B.”
2025
MEMBERSHIP RENEWAL**

I (CLUB MEMBER NAME (s)) _____ AM RENEWING MY MEMBERSHIP IN THE
MOPARS OF BREVARD FOR 2025.

CHECK HERE IF YOU WISH TO SUBSCRIBE TO THE NEWSLETTER ONLY _____

I HAVE ENCLOSED MY PAYMENT OF \$ _____

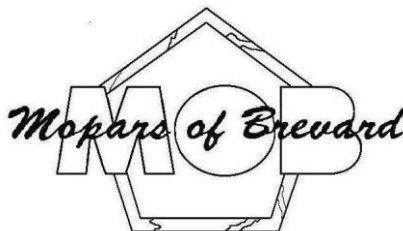
CHECK NO. _____

**PLEASE NOTE: DUES ARE \$18.00 A PERSON, \$30.00 FOR A COUPLE IN
THE SAME HOUSEHOLD, PER YEAR**

MAKE CHECK PAYABLE TO: MOPARS OF BREVARD

AND MAIL TO THE FOLLOWING:

**MOPARS OF BREVARD, INC.
P.O. BOX 60454
PALM BAY, FLORIDA 32906-0454**



FILL OUT ANY OF THE FOLLOWING INFORMATION THAT NEEDS TO BE UPDATED

NEW STREET ADDRESS: _____

CITY: _____

NEW PHONE: (____) _____ E-MAIL: _____

ANY NEW CARS & TRUCKS, SOLD CARS & TRUCKS OR ANY OTHER SPECIAL NOTES:
