



APPLICATION FOR MEMBERSHIP

Annual dues are \$30.00 (Add spouse for \$5)

(Please make checks payable to Valley Mustang Club)

DATE: _____

NAME: _____ SPOUSE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO: Home _____ Cell _____ Fax _____

EMAIL: _____ REFERRED BY: _____

Please answer the following questions for each Mustang in your family. (If you have more than two cars, please photocopy & provide the information for all the cars.)

Vehicle	YEAR	MAKE	BODY STYLE	COLOR	ENGINE	RESTORED
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Car # 1:	_____ / _____ / _____ / _____ / _____ / _____
How do you use this car?	Drive daily / Show only

Car # 2:	_____ / _____ / _____ / _____ / _____ / _____
How do you use this car?	Drive daily / Show only

What are your ownership objectives?

Car #1:	<input type="checkbox"/> Maintain	<input type="checkbox"/> Restore	<input type="checkbox"/> Personalize	<input type="checkbox"/> Show
Car #2:	<input type="checkbox"/> Maintain	<input type="checkbox"/> Restore	<input type="checkbox"/> Personalize	<input type="checkbox"/> Show

How many other cars do you own? _____ What make? _____

What are your primary reasons for becoming a VMC member? Please rank in order of importance, 1 being most important.

_____ Car Shows	_____ Publications	_____ Social Events
_____ Technical Info.	_____ Monthly Meetings	_____ Driving Events
_____ Member Discounts	_____ Assistance/Advice	_____ Networking
_____ Insurance Access	_____ Opportunity to serve	Other _____

Are you a member of the "Mustang Club of America"? Yes (if yes, Member No: _____) No

What are your special hobbies? _____

When is your birthday? (**Month & Day Only Please**) _____ Your Spouse's B'day? _____

What is your occupation? _____ Spouse Occupation: _____

Please check the areas where you have special skills:

<input type="checkbox"/> Teaching	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Computer	<input type="checkbox"/> Legal
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Marketing/Sales/Advertising	<input type="checkbox"/> Social Director
<input type="checkbox"/> Non-Profit Organizations	<input type="checkbox"/> Publications	<input type="checkbox"/> Other _____	

Would you be willing to assist in developing and/or implementing Club events or programs if the task was specific and required a limited amount of your time? Yes No

Please mail your completed application and membership fee to:

Valley Mustang Club
 Debbie Anderson - VMC Membership
 32224 Green Hill Drive, Castaic, CA 91384-3018
 (661) 295-5255
 e-mail: membership@valleymustangclub.com

