



Since 1965

MEMBERSHIP APPLICATION
PACIFIC CASCADE MUSTANG CLUB
PO BOX 58582
RENTON WA 98058-1582



Member of MCA
Your ID # _____
Date _____

GENERAL INFORMATION

Form with fields for Last Name, First Name, Your Birthday, Spouse's Name, Children's Name(s), Spouse's Birthday, Mailing Address, City, State, Zip, Home Phone, Email Address, Cell Phone.

Membership \$20 per year per family
Prorated for new members by join date
\$20 OCT to MAR \$10 APR to SEPT
Make checks payable to: PCMC
Requirements:
Attend two Pacific Cascade Mustang Club functions
Be a currently licensed driver with insurance
Own a FORD powered vehicle or enthusiast's of other vehicle

CAR INFORMATION section with two columns for Make/Model/Year.

AREAS OF INTEREST AND ASSISTANCE

Form with two columns of checkboxes for Club Activities that Interest You and Areas You Would Consider Helping THE CLUB.

I, the applicant, hereby agree that while I am a member of Pacific Cascade Mustang Club, I will possess a valid Washington State Motor Vehicle Operators License and Liability Insurance in compliance with the Washington State Financial Responsibility Act whenever I am participating in any CLUB activity that involves the operation of a motor driven vehicle.

Signature of Applicant, Date, Parent or Guardian's Signature (if Applicant is under 18)

To order a CLUB name badge(s), please print how you would like the name(s) to appear. (\$5.00 each) YOUR NAME BAGE SPOUSE'S OR OTHER'S NAME BADGE

AREA RESERVED FOR MEMBERSHIP CHAIRPERSON

NEW MEMBER APPLICATION & DUES RECEIVED ON _____ by _____ AMOUNT _____ + BADGE(S) _____
RENEWAL APPLICATION & DUES RECEIVED ON _____ by _____ AMOUNT _____
DATE CASH -OR- CHECK GIVEN TO TREASURER ON: _____ by _____ CHECK # _____
DATE NAME ADDED TO ROSTER, DIRECTORY & WELCOME LETTER SENT: _____
DATE NAME BADGES ORDERED _____ DATE DELIVERED _____