



Since 1965

2020/2021 MEMBERSHIP APPLICATION

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



Member of MCA

Your ID # _____

Date _____

GENERAL INFORMATION

Last Name		First Name		Your Birthday Mo. Day	
Spouse's Name		Children's Name(s)		Spouse's Birthday: Mo. Day	
Mailing Address					
City		State	Zip	Home Phone	
Email Address				Cell Phone	

Membership \$30 per year (indiv/family) Prorated for new members by join date \$30 OCT2020-MAR 2021 \$15 APR-SEPT 2021 Make checks payable to: PCMC	Requirements: <i>Attend two Pacific Cascade Mustang Club functions</i> <i>(suspended until further notice due to COVID-19 restrictions)</i> <i>Be a currently licensed driver with insurance</i> <i>Own a FORD powered vehicle or Ford enthusiast</i>
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CAR INFORMATION	CAR INFORMATION
Make/Model/Year	Make/Model/Year
Make/Model/Year	Make/Model/Year

AREAS OF INTEREST AND ASSISTANCE

<u>Club Activities that Interest You:</u> <input type="checkbox"/> Monthly Meetings <input type="checkbox"/> Car Shows <input type="checkbox"/> Racing <input type="checkbox"/> Tours <input type="checkbox"/> Maintenance & Restoration <input type="checkbox"/> Social Activities Other: _____	<u>Areas You Would Consider Helping THE CLUB:</u> <input type="checkbox"/> Car Shows & Event Planning <input type="checkbox"/> Judging <input type="checkbox"/> Publicity <input type="checkbox"/> Contacting Members/ Membership <input type="checkbox"/> Becoming a Board Member <input type="checkbox"/> Newsletter or Writing Articles Other: _____
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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)
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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
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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 _____