



Since September 1964

# MEMBERSHIP APPLICATION

PACIFIC CASCADE MUSTANG CLUB

PO BOX 58582

RENTON WA 98058-1582



Member of MCA

ID # \_\_\_\_\_

Date \_\_\_\_\_

## General Information

Last Name		First Name		Your Birthday M/D	
Spouse's Name		Children Name(s)		Spouse's Birthday M/D	
Mailing Address					
City		State	Zip	Home Phone	
Email Address				Cell Phone	

**Membership & Renewals \$30 per year**  
*Prorated for new members by join date*  
 \$30 OCT-MAR \$15 APR-SEP  
 Make checks payable to: **PCMC**

**Requirements:**  
 Attend two Pacific Cascade Mustang Club functions  
 Be a current licensed driver with insurance  
 Own a FORD powered vehicle or Ford enthusiast

## Mustang Information

## Mustang Information

Make/Model/Year		Make/Model/Year	
Make/Model/Year		Make/Model/Year	

## Areas Of Interest And Assistance

<p><b>Club Activities that Interest You</b></p> <input type="checkbox"/> Monthly Meetings <input type="checkbox"/> Car Shows <input type="checkbox"/> Racing <input type="checkbox"/> Maintenance & Technical Advice <input type="checkbox"/> Tours <input type="checkbox"/> Social Activities Other: _____	<p><b>Check Areas You Would Like to Help</b></p> <input type="checkbox"/> Annual Car Show      Organize Car Show Outings <input type="checkbox"/> Publicity      Media      Write Articles <input type="checkbox"/> Assist with Membership <input type="checkbox"/> Serve as a Board Member <input type="checkbox"/> Assist with Tours or Other Events <input type="checkbox"/> Other Suggestions 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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<b>TO ORDER A NAME BADGE(S),</b> please print how you would like the name(s) to appear, your cost <b>\$5.00ea</b>	YOUR NAME BADGE	SPOUSE'S OR OTHER NAME BADGE
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## Area Reserved For Membership Chairperson

**NEW MEMBER APPLICATION & DUES RECEIVED ON** \_\_\_\_\_ **by** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_ **+ BADGE(S)** \_\_\_\_\_  
**DATE NAME BADGES ORDERED** \_\_\_\_\_ **DATE DELIVERED** \_\_\_\_\_  
**DATE NEW MEMBER RECEIVED WELCOME PACKET** \_\_\_\_\_

**RENEWAL APPLICATION & DUES RECEIVED ON** \_\_\_\_\_ **by** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_  
**DATE CASH -OR- CHECK GIVEN TO TREASURER ON:** \_\_\_\_\_ **by** \_\_\_\_\_ **CHECK #** \_\_\_\_\_