

SOUTHERN ARIZONA MUSTANG CLUB

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MEMBERSHIP APPLICATION

NAME:
ADDRESS:
CITY, STATE, ZIP:
CELL PHONE:
EMAIL:
1st CAR (Year, Color & Model):
2nd CAR (Year, Color & Model):
3rd CAR (Year, Color & Model):
4rd CAR (Year, Color & Model):
Insurance Company:
Insurance Agent (Name & Phone #):
ANNUAL MEMBERSHIP DUES
\$30 1 YEAR
\$80 3 YEARS (You Save \$10)
\$120 5 YEARS (You Save \$30)
Signature: Date:

Please complete Application, select your Membership term, then mail your Application and your payment to the PO Box referenced above.