



Unique Mustang Car Club MEMBERSHIP APPLICATION FORM Today's Date: _____

IS THIS A RENEWAL MEMBERSHIP: Yes [] NO []

Name: _____ Birthday (Month/Day) _____

Spouse: _____ Birthday (Month/Day) _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

E-mail(s) _____

Are you over the age of 18? Y [] N []

What is your Ride ?

Year: _____ Make: _____ Model: _____ Color: _____

List any special interests, skills or volunteer opportunities you would be interested in:

Membership: \$20.00 for 12 Calendar Months

Make payable to: Unique Mustang Car Club

Mail to: Unique Mustang Car Club, P.O. Box 71462, Clive, Iowa 50325