



# APPLICATION FOR MEMBERSHIP

**Annual dues are \$30.00**

NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

EMAIL: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Please answer the following questions for each Mustang in your family. (If you have more than two cars, please photocopy & provide the information for all the cars.)

Vehicle	YEAR	MAKE	BODY STYLE	COLOR	ENGINE	RESTORED
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Car # 1:	_____ / _____ / _____ / _____ / _____ / _____
	How do you use this car? Drive daily / Show only

Car # 2:	_____ / _____ / _____ / _____ / _____ / _____
	How do you use this car? Drive daily / Show only

What are your ownership objectives?

Car #1:	<input type="checkbox"/> Maintain	<input type="checkbox"/> Restore	<input type="checkbox"/> Personalize	<input type="checkbox"/> Show
Car #2:	<input type="checkbox"/> Maintain	<input type="checkbox"/> Restore	<input type="checkbox"/> Personalize	<input type="checkbox"/> Show

How many other cars do you own? \_\_\_\_\_ What make? \_\_\_\_\_

What are your primary reasons for becoming a VMC member? Please rank in order of importance, 1 being most important.

_____ Car Shows	_____ Publications	_____ Social Events
_____ Technical Info.	_____ Monthly Meetings	_____ Driving Events
_____ Member Discounts	_____ Assistance/Advice	_____ Networking
_____ Insurance Access	_____ Opportunity to serve	Other _____

Are you a member of the "Mustang Club of America"?  Yes (if yes, Member No: \_\_\_\_\_)  No

What are your special hobbies? \_\_\_\_\_

When is your birthday? (**Month & Day Only Please**) \_\_\_\_\_ Your Spouse's B'day? \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Please check the areas where you have special skills:

<input type="checkbox"/> Teaching	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Computer	<input type="checkbox"/> Legal
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Marketing/Sales/Advertising	<input type="checkbox"/> Social Director
<input type="checkbox"/> Non-Profit Organizations	<input type="checkbox"/> Publications	<input type="checkbox"/> Other _____	

Would you be willing to assist in developing and/or implementing Club events or programs if the task was specific and required a limited amount of your time?  Yes  No

Please mail your completed application & check for \$30.00 to:

*Valley Mustang Club*  
P.O. Box 6529  
Woodland Hills, CA. 91365-6529  
805/494-8400 – Fax: 805/494-1976  
e-mail: [membership@valleymustangclub.com](mailto:membership@valleymustangclub.com)

