



THE SOUTH JERSEY MUSTANG CLUB MEMBERSHIP FORM

Date: _____

Name: _____

Street Address: _____

City / State / Zip Code: _____

Phone Number: _____ E-Mail Address: _____

Are you a new member? _____ A renewing member? _____

Would you like to receive the club newsletter via e-mail? _____

Do you want your phone number and E-Mail address included in our club roster? _____

Mustangs (and/or other interesting Fords) Owned:

Are you a member of the Mustang Club of America (MCA)? _____

If yes, then what is your MCA number? _____ Expiration Date: _____

Are you an MCA certified judge? _____

If yes, what classes? _____

Spouse's Name: _____

Children's Name(s): _____

Suggestions for, or activities you would like to see the club participate in?

Annual dues are \$10. 00. Make check payable to: South Jersey Mustang Club.

Please return to the club secretary:

**Gail Lokaj
8 N. Lincoln Ave.
Wenonah, NJ 08090**

Do not complete; for SJMC Use Only:

Date rec'd: _____

Amt. Paid: _____ Cash: __ Check#: _____

Membership card provided (date): _____

New member packet sent (date): _____