



MEMBERSHIP

APPLICATION

New Member Renewal
(Please Check Appropriate Box)

Name: _____ Birth Month: _____ Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone:(_____) _____ Cell Phone: (_____) _____
Email: _____ Work Phone:(_____) _____

FAMILY INFORMATION

Spouse:
Name: _____ Birth Month: _____ Occupation: _____

Other family members you wish to have recorded:

Name: _____ Birth Month: _____ Relationship: _____
Name: _____ Birth Month: _____ Relationship: _____
Name: _____ Birth Month: _____ Relationship: _____

CAR REGISTRY INFORMATION

(Please list all Mustangs you currently own and if you wish to show, drive in parades or display only)

Year: _____ Model: _____ Color: _____ Engine: _____
Show Parade Display Comments: _____

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Show Parade Display Comments: _____

Applicant's Signature

Are you a member of the Mustang Club of America: No Yes (MCA Membership # _____)

Annual Membership Dues: \$15.00 (01 January to 31 December)

(Dues must accompany this application -- Please make checks payable to Panhandle Ponies)

Mail application and dues to:
Panhandle Ponies, P. O. Box 38312, Tallahassee FL 32315-8312