



SMOKY MOUNTAIN MUSTANG CLUB

**P.O. Box 5
Jacksboro, TN 37757-0005**

MEMBERSHIP APPLICATION

Effective 1 January 2016

Single & Family Membership: \$25.00 (Renewal \$20.00)

Date _____

Last Name _____ **First Name** _____ **MI** ___ **DOB: Month** ___ **Day** ___

Spouse Name _____ **MI** ___ **DOB Month** ___ **Day** ___ **Anniv: Month** ___ **Day** ___

Children _____ **DOB: month** ___ **Day** ___ _____ **DOB: month** ___ **Day** ___

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone Number: Home** _____ **Cell** _____

Are you a Mustang Club of America (MCA) member: Y ___ **N** ___ **MCA Number** _____

Email Address: _____

Would you like to receive the club newsletter via email? Yes _____ **No** _____

Car Year: _____ **Car Model:** _____ **Body Style:** _____ **Color:** _____

Car Year: _____ **Car Model:** _____ **Body Style:** _____ **Color:** _____

Do you want to put a picture of your car on file with the club: Yes ___ **No** ___ **If yes, please include picture(s) with your application or email to club.**

Other Car Clubs You Belong To: _____

What name(s) would you like on your Certificate _____

Additional information can be printed on back of this page.

Please complete this form and submit it to the club membership chairperson with a check made out to SMMC.

WELCOME

ALL NEW MEMBERSHIPS ARE SUBJECT TO BOARD OF DIRECTORS APPROVAL