



Central South Carolina Mustang Club

PO BOX 2614
Columbia, SC 29202



APPLICATION FOR MEMBERSHIP

Today's Date: _____

Revised: March 1, 2019

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: 1) _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

PLEASE NOTE Who May Have Referred You To The Club: _____

Mustang Club of America Member: Circle one: Yes or No

Current Member #: _____ Expiration Date: _____

All members of this Regional Club are encouraged to become members of the National Organization of The Mustang Club of America.

If Family Membership Add Spouse Info

Wedding Anniversary Date: _____

Spouse Name: _____ Date of Birth: _____

E-Mail Address: 2) _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Year and Model of Mustang(s)

Special skill or technique: _____

ANNUAL MEMBERSHIP DUES FOR ONE YEAR:

Individual Membership (Single person with one right to a vote) \$25.00

Family Membership (Couple with both having the right to vote) \$30.00

Amount Paid: _____

Check #: _____

Cash: _____



Make Checks Payable to: CENTRAL SC MUSTANG CLUB

Mail to: Central SC Mustang Club
Attn: Membership
PO Box 2614
Columbia, SC 29202



For more information:

Check out the Club Web-Site: www.centralecmustangclub.org

Email the club at centralecmustangclub@gmail.com

President: Brian Miles 803-518-2292 or Secretary Erin Boyd 717-648-7433

