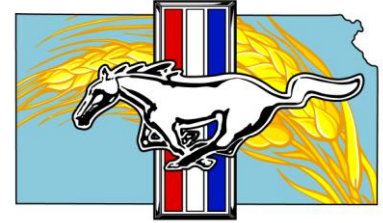




**South Central Kansas
Mustang Club**
Membership Application

*A Non-profit Organization.
Chartered Regional Representative*

SCKMC
SOUTH CENTRAL KANSAS MUSTANG CLUB



Current Member Renewal \$20.00 due Jan 1

Renewal Date ___/___/___

New Members Only (Amount due by application month)

Jan-Mar \$20___ Apr-Jun \$15___ Jul-Sep \$10___ Oct-Dec \$25___ (Good to Dec of following year)

Please fill out clearly and completely so our records are up to date to insure you receive the monthly newsletter. Thanks for your cooperation.

Name _____ Birthdate ___/___/___
Last First M.I.

Family Member Name _____ Birthdate ___/___/___
Last First M.I.

Relationship _____ Anniversary Date ___/___/___
 Family Members Names (Under 18)

 Birthdate ___/___/___

 Birthdate ___/___/___

 Birthdate ___/___/___

Address: _____

Street APT # City State Zip

E-mail address _____@_____

Check if you want newsletter via hardcopy ___ (e-mail is default)

Home Telephone # (_____) _____ - _____

Cell Phone # (_____) _____ - _____

If MCA member, MCA Membership, _____ Exp. ___/___

Interests you can share? _____
Bodywork, mechanical, electrical, organizing club events, etc.

May we publish your name, phone number, and e-mail address in our club directory, so other members can get to know you?
 Yes ___ No ___

Mustang or Special Interest Ford Powered Vehicle(s):

Year	Make & Body Style	Engine	Trans.	Color	Special Features

Annual dues renewable on January 1 of each year. All information contained in this application will be held in strict confidence and will be used for the sole purpose of conducting routine club business. I/We, hereby agree to abide by all by-laws of the South Central Kansas Mustang Club Inc. I/We, agree to conduct myself/ourselves in a manner that projects the best image and interest of this club, while in attendance at meetings or other club activities.

Signed _____ Signed _____
(Member) (Family Member)

Date Membership Approved ___/___/___	Membership # _____	Recv'd By: _____	Paid By: _____
		<small>Initials</small>	<small>Cash or Check</small>

**Mail application and payment to: South Central Kansas Mustang Club
 P.O. Box 49365, Wichita Ks, 67201-9365 Attn: Membership Director**