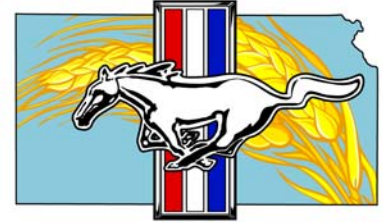




**South Central Kansas Mustang
Club**
Membership Application

*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 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 ____/____/____

 Birthdate ____/____/____

Address: _____
Street APT # City State Zip

E-mail address _____@_____

Home Telephone # (____) _____ - _____

MCA Member? Yes__ No__

MCA Membership _____ Exp. ____/____

Cell Phone # (____) _____ - _____

Interests you can share? _____

Bodywork, mechanical, electrical, organizing club events, etc.

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**