

Emerald Coast Regional Mustang Club

P.O. Box 4431, Fort Walton Beach, FL 32549

www.ecrmc.net

NEW MEMBER FORM



Primary Member \$25

Name: _____

Address: _____

Phone: _____ Text: Yes No

Email: _____

Birthday (Month/Day): _____

If you are a Mustang Club of America member, what is your membership number? _____

If you own a Mustang:

Year: _____

Model/Body Style: _____

Color: _____

Engine: _____

Tell us about your Mustang:

(Continue on the back, if necessary)

Family Member \$10

(Includes all the rights and privileges as the Primary Member, including "voting rights and office holding privileges.")

Name: _____

Phone: _____ Text: Yes No

Email: _____

Birthday (Month/Day): _____

If you are a Mustang Club of America member, what is your membership number? _____

If you own a Mustang:

Year: _____

Model/Body Style: _____

Color: _____

Engine: _____

Tell us about your Mustang:

(Continue on the back, if necessary)

Club use only:

Dues Paid \$ _____ Cash _____ Check _____ CC _____

Received by: _____ Date: _____