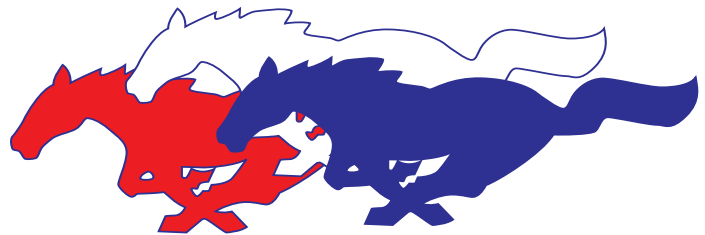


# Sacramento Area Mustang Club

## Membership Application/Update



SACRAMENTO AREA MUSTANG CLUB

Please fill out all the blanks that apply

Personal Information:

Name Badge  
\$8.50 each

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ \$25 \_\_\_\_\_

Associate Name: \_\_\_\_\_ DOB: \_\_\_\_\_ \$10 \_\_\_\_\_

Associate Name: \_\_\_\_\_ DOB: \_\_\_\_\_ \$10 \_\_\_\_\_

Total for name badges \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate/Emergency contact information Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this application a Renewal?  Yes  No

Are you a member of the Mustang club of America?  Yes  No MCA# \_\_\_\_\_

Can we distribute your contact information to other club members for club use?  Yes  No

Your reasons for joining SAMC  Car Shows  Discounts  Assistance/Advice  Technical Info  
 Social Events  Driving Events  Networking  Other

Car 1 Make & Model: \_\_\_\_\_

Year \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

Engine \_\_\_\_\_ Special Info \_\_\_\_\_

Car 2 Make & Model: \_\_\_\_\_

Year \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

Engine \_\_\_\_\_ Special Info \_\_\_\_\_

I hereby agree to abide by all club by-laws & guidelines (to have fun). If applicant is under 18, signature of legal guardian must accompany application. Memberships are valid for one calendar year (January through December). If joining by November 15th & December 31st of any calendar year, membership is rolled over through the following year. I understand minimum insurance coverage required by California state law must be met & currently in place for all automobiles participating in club activities. I hereby state that my car will be covered by insurance that meets the State of California's minimum requirements at all times while participating in club sponsored events. I hereby release the Sacramento Area Mustang Club of any and all responsibility for any damages or losses, known or unknown.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail all checks or money orders payable to Sacramento Area Mustang Club

Mail application to: PO Box 41081 Sacramento, CA 95841-0081

For club Amount Received: \_\_\_\_\_  cash  check  money order

Use only Items sent:  card  badge  by-laws

Referred by: \_\_\_\_\_