

Application for Membership In the Bay Area Mustangs, Inc.



Annual Membership Dues: \$20.00 per year.
Membership includes one (1) primary and one (1) Associate Member (legally recognized spouse).

Please print legibly.

Primary Member Name _____

Associate Member Name _____

Mailing Address _____

Current MCA Membership No. (if applicable) _____

Primary Member Contact Information:

Phone: _____ Email _____

Associate Member Contact Information: *(Associate contact information is optional)*

Phone: _____ Email _____

Tell us about your Mustang(s) (car year/engine/model body/color and "car's name":

From whom or where did you hear about the club? _____

Application Packet must include:

- ✓ Completed Application for Membership form.
- ✓ Annual Dues. Make check payable to Bay Area Mustangs, Inc.
- ✓ Applicants must also sign the Bay Area Mustangs Code of Conduct form and submit it with your application form.

Completed:

Signature _____ Date _____

Mail Application Packet to: BAM Membership Chairman, 10524 Mistflower Lane, Tampa, FL 33647. All applications require the approval and acceptance of the Board of Directors. The Bay Area Mustangs, Inc. reserves the right to refuse membership to any person.

All Members are required to observe the Bay Area Mustangs, Inc. Bylaws.