Central Virginia Mustang Club, Inc.

Membership Profile / Application Form

To complete this form online: http://www.centralvamustang.com/documents/membership.htm

Mail to P.O. Box 25158 Richmond, VA 23260

Club Dues are $25.00 a year

Member Status (circle one) New Renewal CVMC #: _____ MCA # _____

First Name _____ Middle Initial _____ Last Name _____

E-Mail Address _____ Will you accept the Club Newsletter via E-mail? Y or N

Street/PO Box Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer _____

Family

	Name	**Birthday (Year Optional)**	**Sex (M/F)**
Spouse:			
Child:			
Child:			

Automobiles

	Type of Mustang / Ford Owned Year/Model/Style/Color	**Driven Regularly?**	**Driven Occasionally?**	**Trailered Only?**	**Work in Progress?**
1.					
2.					
3.					

Mustang Club Interest

Car Shows ____ Cruises ____ Restorations ____ Social Activities ____ Racing ____ Parades ____

I would like to serve on a Club Committee. ____ I would like to Judge or learn to Judge Car Shows. ____

Other Club Affiliation _____

Special Interest, Sports, Hobbies, Etc. _____

By My Signature, I give permission for the information regarding **My Family and Myself** to be used by the **Officers** and **Directors** of the **Central Virginia Mustang Club** for **Club** business only. **I** further give permission to the **Club** to publish my name, address, phone number and spouse's name in a membership roster.

Signed _____ Date _____