

# Central Virginia Mustang Club, Inc.

## Membership Profile / Application Form

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

Club Dues are \$25.00 a year.

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
Occupation Employer

\_\_\_\_\_  
E-mail Address Will you accept the Club Newsletter via E-mail? Y or N

### Family

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

### Automobiles

Type of Mustang / Ford Owned Year/Model/Style/Color	Driven Regularly?	Driven Occasionally?	Trailer Only?	Work In Progress?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

### 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: \_\_\_\_\_

[www.centralvamustang.com](http://www.centralvamustang.com)