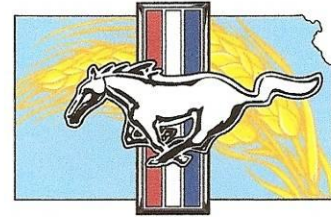




**South Central Kansas  
Mustang Club  
Membership Application**

*A Non-profit Organization.  
Chartered Regional Representative*

**SCKMC**  
SOUTH CENTRAL KANSAS MUSTANG CLUB



**Current Member Renewal \$20.00 due Jan 1**

Renewal Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***New Members Only*** (Amount due by application month)

Jan-Mar \$20\_\_ Apr-Jun \$15\_\_ Jul-Sep \$10\_\_ Oct-Dec \$25\_\_ (Good to Dec of following year)

Please fill out clearly and completely so our records are up to date to insure you receive the monthly newsletter. Thanks for your cooperation.

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

Family Member Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_ Anniversary Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Members Names (Under 18)

\_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_  
Street APT # City State Zip

E-mail address \_\_\_\_\_@\_\_\_\_\_

Check if you want newsletter via hardcopy \_\_\_\_ (e-mail is default)

Home Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If MCA member, MCA Membership, \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Interests you can share? \_\_\_\_\_

Bodywork, mechanical, electrical, organizing club events, etc.

Mustang or Special Interest Ford Powered Vehicle(s):

Year	Make & Body Style	Engine	Trans.	Color	Special Features

Annual dues renewable on January 1 of each year. All information contained in this application will be held in strict confidence and will be used for the sole purpose of conducting routine club business. I/We, hereby agree to abide by all by-laws of the South Central Kansas Mustang Club Inc. I/We, agree to conduct myself/ourselves in a manner that projects the best image and interest of this club, while in attendance at meetings or other club activities.

Signed \_\_\_\_\_ Signed \_\_\_\_\_

(Member)

(Family Member)

Date Membership Approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership # \_\_\_\_\_ Recv'd By: \_\_\_\_\_ Paid By: \_\_\_\_\_  
Initials Cash or Check

**Mail application and payment to: South Central Kansas Mustang Club  
P.O. Box 49365, Wichita Ks, 67201-9365 Attn: Membership Director**