

NORTH OLYMPIC MUSTANGS

MEMBERSHIP APPLICATION

P.O. Box 1635

Port Angeles, WA 98362

Email: membership@northolympicmustangs.com



NAME _____

STREET ADDRESS _____

CITY _____

HOME PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

MCA Membership Number _____

YEAR AND MODEL OF YOUR CLUB CAR(S) _____

Type of membership desired.

Please circle

Single @ \$15, Student @ \$10

Family @ \$18

(Family membership includes spouse and children 16-18 who possess a valid drivers license). If applying for Family Membership, indicate names of eligible children

Referred to club by: _____

What are your primary club interests?

<input type="checkbox"/> Restoration Tips	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Maintenance Tips	<input type="checkbox"/> Shows
<input type="checkbox"/> Parts Discounts	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Parts Location	<input type="checkbox"/> Other: _____

MEMBERSHIP REQUIREMENTS

1. Own or be interested in a Mustang or Cougar
 2. Attend a total of two Club functions (meetings or events)
 3. Possess a valid drivers license
 4. Carry insurance that satisfies Washington State Financial Responsibility Act
- . The Club's Executive Board may waive a requirement that proves a hardship on the applicant. If a waiver is requested, please explain on back.

INDICATE AREAS YOU WOULD CONSIDER HELPING WITH CLUB OPERATIONS

<input type="checkbox"/>	Telephoning
<input type="checkbox"/>	Work Party
<input type="checkbox"/>	Car Shows
<input type="checkbox"/>	Tour/Rallies/Cruises
<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Tech Sessions
<input type="checkbox"/>	Other: _____

Please read the following statement before signing this application.

I, the Applicant, hereby agree that while I am a member of North Olympic Mustangs, I will possess a valid drivers license and Liability Insurance in compliance with the Washington State Financial Responsibility Act, whenever I am participating in any club activity that involves the operation of a motor-driven vehicle.

Signature of Applicant _____

Date of Application _____

Applicant's Insurance Company _____

Meetings: 3rd Wed. of Month 7:00 pm at:

Joshua's Restaurant

1130 DelGuzzi Rd.

Port Angeles, WA