

**MEMBERSHIP APPLICATION**



DATE \_\_\_\_\_

PLEASE RETURN TO:

CARROLL SUTTON  
10 RIDGEVIEW DRIVE  
SPRINGFIELD, IL 62711

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
(FIRST) (M.I.) (LAST) (FIRST NAME)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_ MCA# \_\_\_\_\_

BIRTHDATES: YOURS \_\_\_\_ / \_\_\_\_ SPOUSE \_\_\_\_ / \_\_\_\_ ANNIV \_\_\_\_ / \_\_\_\_  
MO DAY MO DAY MO DAY

**CURRENT MUSTANGS OWNED**

YEAR	MODEL
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**HOW DID YOU FIND OUT ABOUT THE CLUB?**

\_\_\_\_\_

Please return this application with your check in the amount of \$20.00 , payable to:  
*CENTRAL ILLINOIS MUSTANGERS*, Send to: **Carroll Sutton, 10 Ridgeview Drive, Springfield, IL 62711**

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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