

MEMBERSHIP APPLICATION

PLEASE RETURN TO:

MIKE ROATE
PO BOX 483
PAWNEE, IL 62558



DATE _____

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 MUSTANGS, Send to: **Mike Roate, PO BOX 483, Pawnee, IL 62558**

Yearly dues is \$20.00, payable October-December..It is \$10.00 after August 1st

COMMENTS

CENTRAL ILLINOIS MUSTANGERS

PERSONAL INFORMATION SHEET

PLEASE FILL THIS SHEET OUT AS COMPLETELY AS POSSIBLE! THE INFORMATION WILL BE PRINTED IN FUTURE NEWSLETTERS. THE OBJECT IS SO WE WILL KNOW MORE ABOUT OUR MEMBERS THAN JUST WHAT KIND OF CAR THEY HAVE. PLEASE TURN IT IN AT A MEETING, OR MAIL IT IN WITH YOUR MEMBERSHIP APPLICATION. THANKS!

NAME(S): _____

OCCUPATIONS: _____

FAMILY: _____

HOBBIES: _____

TELL US ABOUT YOURSELF: _____

ADD ANOTHER SHEET IF YOU WANT!