



SOUTH JERSEY MUSTANG CLUB MEMBERSHIP FORM

Date: _____

Name: _____ Birthday (month/day): _____

Street Address: _____

City/State/Zip Code: _____

Cell Phone Number: _____ Land Line: _____

Would you like to receive club info. via text message? (Please circle) Y N

E-Mail Address: _____

Are you a new member? _____ Renewing member? _____

Would you like your phone number and e-mail address included in our club roster? _____

Would you like to be a member of the club's Members Only Facebook Page? _____

Are you a member of MCA? _____ MCA Number: _____ Expiration Date: _____

Are you an MCA Certified Judge? _____ In what classes? _____

Mustangs (and/or other interesting Fords) owned: _____

Spouse's Name & Birthday: _____ Children's Names: _____

Suggestions for, or activities you would like to see the club participate in? _____

**Annual dues are \$15. 00 (Jan.– Dec.). Make check payable to: South Jersey Mustang Club.
*Renew by beginning of March to be included in club roster.**

Please return to the club secretary:

Gail Lokaj
8 N. Lincoln Ave.
Wenonah, NJ 08090

Do not complete; for SJMC Use Only:

Date rec'd: _____ Amt. Paid: _____

Cash: _____ Check#: _____ PayPal: _____

PayPal Transaction ID: _____

PayPal Receipt #: _____

Membership card & decal provided (date): _____

New member pack e-mailed (date): _____

Renew packet e-mailed (date): _____