

# Central Virginia Mustang Club, Inc.

## Membership Profile / Application Form

To complete online use QR code or

<http://www.centralvamustang.com/documents/membership.htm>

Mail to P.O. Box 25158 Richmond, VA 23260

Club Dues are \$20 a year



Member Status

(circle one)

New

Renewal

Former (Lapsed)

CVMC #: \_\_\_\_\_

MCA # \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Will you accept the Club Newsletter via E-mail? Y or N

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Street/PO Box Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Type (circle one)

\_\_\_\_\_  
Phone Number (include area code)

Cell

Home

Work

Do you consent to receive text/SMS messages? (if yes, be sure to provide your cell phone #)

Yes

No

Who is your cell phone carrier? (circle one)

AT&T

T-Mobile

U.S. Cellular

Verizon

\_\_\_\_\_  
Birthday (MM/DD)

### Mustang/Ford Owned Automobiles

Year/Model/Style/Color	Driven Regularly?	Driven Occasionally?	Trailer Only?	Work in Progress?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Payment Method (circle one)

Check

Cash

**By My Signature, I give permission for the information regarding **Myself** to be used by the **Officers** and **Directors** of the **Central Virginia Mustang Club** for **Club** business only. I further give permission to the **Club** to publish my name, address, phone number, birthday month/day in a membership roster. Your information is **NOT** distributed to anyone other than **Officers** and **Directors** of the **Central Virginia Mustang Club**.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date