

# APPLICATION FOR MEMBERSHIP



Date of Application \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Tell us about your Mustang(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Dues: \$20.00/year per household</b>
<b>Cash or Check</b>
<b>Date Paid: ____/____/____</b>

**Please mail or return to any club officer.**

**Siouxland Mustang Club  
912 Ash Street  
South Sioux City, NE 68776  
info@siouxlandmustangclub.com  
www.facebook.com/SiouxlandMustangClub**