



www.pamustang.org

P.O. Box 6348, Harrisburg, PA 17112

MEMBERSHIP APPLICATION

Thank you for your interest in the Mustang Club of Central PA. Below is the membership application for our club. Please complete and mail the form to: Mustang Club of Central PA, P.O. Box 6348, Harrisburg, PA 17112. Please make checks payable to Mustang Club of Central PA.

With your membership in the club you receive:

- Free MCCPA gift*
- Free MCCPA window sticker
- Club membership listing
- Email notifications of events and activities
- Access to MCCPA's website

New membership application is \$20 per family.

Membership Renewal \$20/year.

Date _____

Name _____

Street _____

City, State, Zip _____

Telephone Number _____

E-mail Address _____

Car Information:

Year _____ Model _____ Color _____ Special features _____

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We are a Mustang Club of America Regional Group. MCA provides benefits to our club, including insurance for our events. We need to keep accurate records of which members belong to the MCA. This information will not be distributed and will only be shared with the MCA when they request it for our insurance applications.

Do you belong to the Mustang Club of America? Yes _____ MCA Membership Number _____

How did you hear about us? ___Saw us at an event ___Word of Mouth ___Facebook ___Internet

Other: _____

*(must be picked up at a MCCPA meeting/event)