



www.pamustang.org

P.O. Box 6348, Harrisburg, PA 17112

Thank you for your interest in the Mustang Club of Central PA. Below is the membership application for our club. Our yearly membership fee is \$35.

Please complete and mail the form to:

Mustang Club of Central PA, P.O. Box 6348, Harrisburg, PA 17112. P

lease make checks payable to Mustang Club of Central PA.

Date_____

Name_____

Street_____

City, State, Zip_____

Telephone Number_____

E-mail Address_____

Car Information:

Year_____ Model_____ Color_____ Special features_____

Year_____ Model_____ Color_____ Special features_____

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:_____