



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. Please 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: _____