



MEMBERSHIP FORM

ONE FORM PER MUSTANG

JOIN DATE: _____

NAME: _____ REFERRED BY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NUMBER: _____ CONTACT NUMBER: _____

BIRTH DATE: _____ ARE YOU UNDER 18 YEARS OLD? YES NO
(IF YES, PLEASE HAVE PARENT SIGN BELOW)

MUSTANG TYPE: GT LX BULLITT COBRA MACH I ROUSH SALEEN
 SHELBY COUPE CONVERTIBLE HATCHBACK FASTBACK OTHER

OWNERS OBJECTIVES: MAINTAIN RESTORE PERSONALIZE SHOW RACE

YEAR: _____ ENGINE: _____ COLOR: _____

DECAL COLOR (check one): SILVER WHITE T-SHIRT SIZE: _____

EMAIL ADDRESS: _____ OCCUPATION (optional): _____

SIGNATURE: _____

I HAVE READ AND UNDERSTAND ALL ITEMS HEREIN

MEMBERSHIP IS \$50.00 PER YEAR (THIS INCLUDES YOUR WINDSHIELD BANNER, SIDE DECALS, REAR WINDOW DECAL, AND A CLUB T-SHIRT) STICKER PACKAGES ARE AVAILABLE IN OUR GEAR LINK OF OUR SITE.

LIABILITY: NEW MEMBERS RELEASE AND DISCHARGE STANGPEDE CAR CLUB, ITS MANAGEMENT, SUB CHAPTERS AND ALL OTHER AFFILIATED WITH ANY CLUB SPONSORED EVENT FROM ANY CLAIMS DUE TO DAMAGE, INJURY, OR LOSSES, THAT MAY BE INCURRED BY ANY MEMBERS, ENTRANT OR SPECTATOR TO HIS/HER PERSON OR PROPERTY. I CERTIFY THAT MY VEHICLE CARRIES REQUIRED LIABILITY INSURANCE. _____ (INITIALS)

PARENT/GUARDIAN: I HAVE READ REVIEWED THE INFORMATION MY CHILD HAS SUPPLIED AND I HAVE READ THE RULES AND REGULATIONS OF STANGPEDE CAR CLUB. BY SIGNING THIS FORM, I DO NOT HOLD STANGPEDE CAR CLUB RESPONSIBLE FOR ANY INJURIES, LOSSES, OR DAMAGE DONE TO MY VEHICLE.

_____ (PARENTS SIGNATURE)

PLEASE MAIL MEMBERSHIP FORM & CHECK OR MONEY ORDER TO :

**STANGPEDE CAR CLUB
11421 WOODSIDE AVE STE B
SANTEE, CA 92071**