

NORTH OLYMPIC MUSTANGS

MEMBERSHIP APPLICATION

P.O. Box 1635

Port Angeles, WA 98362

Email: membership@northolympicmustangs.com

Information: 360-683-7908



NAME

STREET ADDRESS

CITY

HOME PHONE

WORK PHONE

EMAIL ADDRESS

MCA Membership Number

YEAR AND MODEL OF YOUR CLUB CAR(S)

Type of membership desired.

Please circle

Single @ \$15, Student @ \$10

Family @ \$18

(Family membership includes spouse and children 16-18 who possess a valid drivers license). If applying for Family Membership, indicate names of eligible children

Referred to club by: _____

What are your primary club interests?

Restoration Tips

Maintenance Tips

Parts Discounts

Parts Location

Social Activities

Shows

Newsletter

Other: _____

MEMBERSHIP REQUIREMENTS

1. Own or be interested in a Mustang or Cougar
 2. Attend a total of two Club functions (meetings or events)
 3. Possess a valid drivers license
 4. Carry insurance that satisfies Washington State Financial Responsibility Act
- The Club's Executive Board may waive a requirement that proves a hardship on the applicant. If a waiver is requested, please explain on back.

INDICATE AREAS YOU WOULD CONSIDER HELPING WITH CLUB OPERATIONS

- Telephoning
- Work Party
- Car Shows
- Tour/Rallies/Cruises
- Newsletter
- Tech Sessions
- Other: _____

Please read the following statement before signing this application.

I, the Applicant, hereby agree that while I am a member of North Olympic Mustangs, I will possess a valid drivers license and Liability Insurance in compliance with the Washington State Financial Responsibility Act, whenever I am participating in any club activity that involves the operation of a motor-driven vehicle.

Signature of Applicant

Date of Application

Applicant's Insurance Company

**Meetings: 3rd Wed. of Month 7:00 pm at:
Joshua's Restaurant
1130 DeGuzzi Rd.
Port Angeles, WA**