

FRIENDS OF THE MUSTANGS

Membership Form

Name _____

Address _____

City & State _____ ZIP _____

Phone _____ E-mail _____

Single membership \$10.00 _____

Family membership \$15.00 _____

NOTE: For family membership, please list names of family members:

Please check one:

Receive the monthly newsletter via email _____

Receive the monthly newsletter via regular mail _____

Make checks payable to: Friends of the Mustangs

Mail completed form with payment to:

Friends of the Mustangs

P.O. Box 2771

Grand Junction, CO 81502