

Application Date: _____

New Membership _____ or Renewal _____

Payment Type: Cash _____ Check _____

FRIENDS OF THE MUSTANGS

Membership Application Form

Name: _____

Last Name

First Name

Address: _____

City/State: _____ Zip: _____

Phone: (____) _____ Email: _____

Single Membership (\$10) _____

Family Membership (\$15) _____

Note: Please list names of immediate family members and add a check mark if under 18

Membership applications approved in Oct, Nov or Dec will continue through the following year. Voting rights will commence in January.

Best Method of Communication: (Newsletters, etc) Check one please.

Email: _____ (saves postage for the club)

USPS Mail: _____

Privacy: Please let us know if you do not want to be included in our public membership list distributed to members (*like a phone tree, etc*). Tell us what you would like kept private in the spaces below:

Note: FOM does not sell or use any of the membership information other than for FOM business and contact.

Make checks payable to: Friends of the Mustangs

Mail application and checks to:

Friends of the Mustangs

P.O. Box 2771

Grand Junction, CO 81502