Application Date: _____

New Membership _____ **or** **Renewal** _____

Payment Type: Cash _____ **Check** _____ _____

FRIENDS OF THE MUSTANGS

Membership Application Form

Fill out all portions below and submit with payment for membership

Name: _____ _____

Last Name *First Name*

Address: _____

City/State: _____ **Zip:** _____

Phone: (___) _____ **Email:** _____

Single Membership ($10) _____

Family Membership ($15) _____

Note: If submitting a family membership please list names of immediate family members and add a check mark if under 18 years old.

_____

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

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