

Membership Application

Please fill out this application completely

Primary Member name	e:		DOB:		
MCA # if applicable:			(Optional/Used for birthdays)		
Address:			County: State: Zip:		
City:		State:	Zip:		
Phone:	E	mail:			
Associate Member no	ıme:	bo)B:	MCA # if applicable:	
Phone:	Em	ail:			
Vehicle Information					
Year:	Make:	Model:		Color:	
					
Year:	Make:	Model:		Color:	
Additional Info:					
Memberships are \$40 (\$0 to spouses/family member from the member's legal minimum requirements of club and any of its boar detrimental to the club of cancellation will only be considered.	30+ \$10 for car decal) and ers. Memberships will roll guardian is required. I also f the State of California what from any and all resport any of its members will done by a board vote.	renewal memberships are \$30 per y over to the following year if joining a pagree that my vehicle(s) will be corille participating in any club sponsore nsibility for any damages or losses, be cause to cancel the membership	vear. Associate Memafter Oct 1st. If the matter oct 1st. If the matinuously covered led or organized every, known or unknows and forfeiture of formations.	If for one calendar year (Jan-Dec). New oberships are \$10 and give voting rights nember is under the age of 18, consent by insurance that meets or exceeds the of 18. I release the Mid Valley Stangs car on. I also understand that any actions ees that have been paid. Membership	
Please fill out a	pplication and cont Director will make make all checks	act your county's Area Dire e arrangements to meet w or money orders out to	ector as listed ith you and co : Mid Valley	on the website. The Area llect info	
For Club Use Only: App Decals: Banner () S	oroval () Amou small Banner () Logo) Cash () M.O. ()		
Forum Screen Name:					