



SADDLEBACK MUSTANG ASSOCIATION MEMBERSHIP APPLICATION

I WOULD LIKE TO JOIN THE SADDLEBACK MUSTANG ASSOCIATION

PLEASE PRINT CLEARLY Circle one → New Member Renewal

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Vehicle Year and Vehicle Model: (GT, LX, Cobra, etc.) _____

Vehicle Bodystyle (Circle one): Fastback Coupe Convertible Notchback Hatchback

How did you hear about SMA? _____

What activities would you like to participate in? _____

All members must abide by the Saddleback Mustang Association Constitution and Bylaws and must also follow the Financial Responsibility Laws required by the State of California. SMA reserves the right to refuse membership to anyone. Membership renewals are on an annual basis – in January of each year.

I will not hold the Saddleback Mustang Association or its members liable in any way. I understand that my membership will be terminated if I fail to obey the Saddleback Mustang Association Constitution or Bylaws or the State of California's Financial Responsibility Laws. I understand that this agreement will remain in effect until my membership is terminated by myself or the Saddleback Mustang Association.

Signature: _____ **Date:** _____

Enclose a check (Based on the table below) - made payable to SADDLEBACK MUSTANG ASSOCIATION. Mail Check and Application to the address below.

Sliding Membership Scale Dues Based On The Month You Join	
Annual Membership: January 1-Dec 31 \$25	After June 30 through December 31 \$15

PO Box 790 • LAKE FOREST, CA • 92609

www.saddlebackmustang.COM