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# MEMBERSHIP APPLICATION

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Annual Dues \$15.00

Mail Check to:

**Savannah Mustang Club**

**P.O. Box 13204**

**Savannah, GA 31416**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*All events, shows and notifications are sent by email or can be seen on our web-site [www.SavannahMustangClub.org](http://www.SavannahMustangClub.org)*

EMAIL: \_\_\_\_\_

2<sup>nd</sup> EMAIL option: \_\_\_\_\_

Your Information

Car(s) if you have them, not required.

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Family info:

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