



Northeast Georgia Mustang Club Membership Application

Date: _____

New Membership: _____ Renewal: _____ (Check one please)

Name: _____ Birthday Month/Day: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

Spouse's Name: _____ Birthday Month/Day: _____

Children's Name(s): _____

Tell Us About Your Car(s):

Year: _____ Model & Style: _____ Color: _____

Year: _____ Model & Style: _____ Color: _____

Year: _____ Model & Style: _____ Color: _____

Year: _____ Model & Style: _____ Color: _____

Year: _____ Model & Style: _____ Color: _____

The Northeast Georgia Mustang Club is a charter member of the Mustang Club of America (MCA), and although it is not required that you be a member of the MCA, we encourage you to join if you are not already a member.

Mustang Club of America Membership #: _____ Expiration Date: _____

Northeast Georgia mustang Club's annual dues are \$20.00 and your first-year dues must accompany this application. Please send completed application with dues to:

Karen L. Manglass
NEGMC Secretary
5442 Blue Cedar Drive
Sugar Hill, GA 30518