

SOUTHWEST METRO MUSTANG CLUB Membership Form



Your Name:				
Significant Other	Name:			
Address:				
			Zip:	
Phone:		Cell:		
E-mail Address: _				
Club Car(s):				
(1) Year	Model			
` '	Model			
	Model			
			se include information or	n separate sheet.
How did you hear	about us?			
What is your main	n reason for joini	ing SWMMC?_		
Other Car Clubs/		which you bel	ong:	
Mustang Club of	America Informa	tion: Member?	Yes_ No_ MCA	\#
Club activities you	u would be intere	ested in? Car S	Shows Cruises_	_ Officer
Events Web F	age Faceb	ook Welco	me	
By submitting this form, I re or actions from any known staff, member, officer, volu	elease and discharge the and/or unknown damagounteers or participant, to	Southwest Metro Must es, injuries, loses, judgr o his or her person or	tang Club, of any claims, law ments and/or claims, that m property while attending c	nay be suffered by any lub sponsored events.
		The state of the s	ioned entities, persons and b participant in a club event. I	
	_		ne right to use my image and	
in all forms of media, inclu	iding composite or modif	fied representations fo	r all purposes, including adv	vertising, trade or any
	· · · · · · · · · · · · · · · · · · ·		ght to inspect or approve ve	_
permitted, although not ob	• • • • • • • • • • • • • • • • • • • •		iese images. The Southwest I mage.	wietro wiustang club is

Club Dues are \$20/year payable with form submission or on our web site via Paypal PLEASE RETURN MEMBERSHIP FORM TO:

David Kronk
8511 West 97-1/2 Street
Bloomington, MN 55438
OR email to swmmcinfo@gmail.com
www.southwestmetromustangclub.com