

Capitol City Ford and Mustang Club

Membership Form
(January 1 through December 31, 2007)

Your Name: _____ Birthday _____

Occupation: _____

Spouse's Name: _____ Birthday _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

E-Mail Address: _____

Names of Children: (Please list all of your children; but if they are in school, including college, please list birthday.)

(1) _____ Birthday _____

(2) _____ Birthday _____

(3) _____ Birthday _____

(4) _____ Birthday _____

Club Car(s):

(1) Year _____ Make/Model _____

(2) Year _____ Make/Model _____

(3) Year _____ Make/Model _____

Which Club Activities Would You Like to Help Organize?

Car Shows _____ Picnic _____ Swap Meet _____

Cruises _____ Show/Shine _____ Officer _____

Photographer _____ Newsletter _____ Welcome Committee _____

Other _____

Year You Joined CCFMC _____ Paid Membership: \$ 15.00 _____

PLEASE RETURN MEMBERSHIP FORM AND DUES TO:

Capitol City Ford and Mustang Club
P.O. Box 57001
Lincoln, NE 68505

What is Your Main Reason for Joining CCFMC? _____

Other Organizations to Which You Belong: _____

MUSTANG CLUB OF AMERICA INFORMATION

Member(Y) _____ (N) _____ MCA Number: _____ Since: _____

Certified Judge Gold Card Judge(Y) _____ (N) _____ Years: _____

DATE APPROVED FOR MEMBERSHIP: _____

**We may be compiling a Pictorial Membership Book and CD. We would like to include pictures of you, your family, and your club cars in the book and CD. The following information about your car would be included:

Club Car Profile:

Year/Body Style: _____

Engine: _____

Exhaust: _____

Suspension/Rearend: _____

Exterior/Interior: _____

Special Notes: _____

***If you have more than one club car, please include the information on another sheet of paper.*