

Member Registration/Renewal Form

Member #

Durham Region Classic Mustang Club



Personal Data

Name: _____ Spouse: _____

Address: _____

City/Town: _____ Postal Code: _____

Home Number: _____ Business: _____

Email: _____

Vehicle Information

Model: _____ Year: _____

Colour: _____ Plate: _____

Office Information

Date Joined: _____

I Agree ___ Disagree ___ that the information contained on this form may be published by the club executive's and shared only with other members and sponsors.

Signed By: _____

Date: _____

Please mail to: DRCMC – 18 Woodland Trail, Bethany, Ontario L0A 1A0

Disclaimer:

I understand and agree that the Durham Region Classic Mustang Club will not be liable, in the event of any Damage, Loss or Theft, to my vehicle, or contents.