Thank you for downloading the BCMC Membership Application!

You are on your way to becoming a member of California's largest Mustang club…

Please be sure to fill out the application as completely as possible.

The information you provide will be held in strictest confidence, and will not be given out, sold or otherwise shared outside of the club. BCMC may from time to time, ourselves mail you information about other upcoming events.

We like to know where you heard of us, too. Be sure to let us know what member, business, website, or search engine you heard of Beach Cities Mustang Club from.

Mail your completed application to:

BCMC Membership
P.O. Box 91404
Long Beach, CA 90809-1404

Your New Member Packet is usually ready at the next General Meeting (2nd Tuesday).
We mail the Packets out afterwards to those who can not attend - within about a week.

Thanks for joining, and we look forward to meeting you and your Mustang soon!

BCMC MEMBERSHIP APPLICATION (all information is kept confidential)
ANNUAL MEMBERSHIP: $40.00   PLEASE FILL OUT COMPLETELY

Name:_____ **Associate Member** (*spouse, family member, etc.*):_____

Street Address:_____ **Apt #:**_____

City:_____ **State:**_____ **Country:**_____ **Zip:**_____

Telephone: Home (____)_____ Cel (____)_____ **Type of Work?** _____

*Please give us your email address so we can keep you up-to-date with BCMC*_____

Where did you hear about us? Friend (name): _____ *Internet (Site):*_____ *Other:*_____

VEHICLES

Vehicle #1 **Mustang / other:** _____ *Year:*____ *Body (circle one):* **Coupe Convertible Fastback Hatchback** *Engine:*____

Style: **GT Shelby SVT SVO Mach Bullitt Other**_____ *Exterior/Interior Color*_____/_____ *It is more:* **Stock Modified**

Vehicle #2 **Mustang / other:** _____ *Year:*____ *Body (circle one):* **Coupe Convertible Fastback Hatchback** *Engine:*____

Style: **GT Shelby SVT SVO Mach Bullitt Other**_____ *Exterior/Interior Color*_____/_____ *It is more:* **Stock Modified**

You get one free club T-shirt per membership. Would you like an extra shirt for $8? (reg: $10ea) Total $____ Total Enclosed $_____

Signature:_____ **Date:**_____ **Your Birthday: Month** _____ **Day** _____ **Year**_____
                                                                   Associate's Birthday: Month _____ **Day** _____ **Year**_____

Make check payable to **Beach Cities Mustang Club** *and mail to:* **P.O. Box 91404 Long Beach, CA 90809-1404**

*Internal Use: Rcvd. by:*_____ *Paid   Card   Packet   Shirt   Roster   CC   Email   Member #*_____

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