

MOPAR MADNESS OF THE LEHIGH VALLEY
P O Box 157 Whitehall PA 18052-0157

MEMBERSHIP APPLICATION

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: (____) _____ E-Mail Address: _____

Age: _____ Birthday: ____/____/____

Spouse's Name: _____ Spouse's Birthday: ____/____/____

Anniversary Date: ____/____/____

PLEASE LIST ALL MOPARS THAT YOU OWN:

	YEAR	MAKE	MODEL	BODY STYLE	CUBIC INCHES
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

(If you own more Mopars, please print completed form and list remaining on reverse side)

Please mark an "X" on any of the following items you wish not to have released from our files:

Address: _____ Phone Number: _____ E-Mail Address: _____

Please check (X) the following as it applies to you:

I am a **new** member: _____ I am **renewing** an **expired** membership: _____

I am **renewing** my **yearly** membership before January 15: _____

New or Expired Membership Fee: \$25.00
Annual Renewal of Membership Fee: \$20.00 before January 15
NOTE: Membership dues follow the calendar year: (1/1 – 12/31)

I hereby apply for membership with Mopar Madness of the Lehigh Valley. I agree to abide by the Constitution and By-Laws set forth by this Club.

Signed: _____ Date: _____

Please return your application along with payment to the Club's address at top of application.

(Note: All checks must be made payable to: Mopar Madness of the Lehigh Valley) You may also bring your application and payment to a Club Meeting or Event.

www.moparmadness.org

Officer Use only:
Entered _____ Membership Package Mailed: _____ Date Received: _____ By: _____