

**MOPAR MADNESS OF THE LEHIGH VALLEY**  
1445 North Muhlenberg Street, Allentown, PA 18104

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**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:**

	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>BODY STYLE</b>	<b>CUBIC INCHES</b>
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: \_\_\_\_\_

**New or Expired Membership Fee: \$25.00**  
**Annual Renewal: \$20.00 before February meeting**  
**Membership year runs January 1<sup>st</sup> thru December 31<sup>st</sup>**

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 Sandy Grim, 8573 Mohr Lane, Fogelsville, PA 18051 or you may also bring your application and payment to a Club Meeting or Event. **Checks should be made payable to: Mopar Madness of the Lehigh Valley.**

[www.moparmadness.org](http://www.moparmadness.org)

**Officer Use only:**

Entered \_\_\_\_\_ Membership Package Mailed: \_\_\_\_\_ Date Received: \_\_\_\_\_ By: \_\_\_\_\_