

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.	_____	_____	_____	_____	_____

(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 on/before the February club meeting: _____

New or Expired Membership Fee: \$25.00
Annual Renewal of Membership Fee: \$20.00 at or before February club meeting
NOTE: Membership dues follow the calendar year: (1/1 – 12/31), however, new memberships received after the annual Club picnic (held in August) carry over to the following calendar year!

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 and send along with payment to *the current Club Treasurer, Rene Zelko, 1747 W Union Blvd, Bethlehem, PA 18018*. All checks should be made payable to: **Mopar Madness of the Lehigh Valley**

www.moparmadness.org

Officer Use only:

Entered _____ Membership Package Mailed: _____ Date Received: _____ By: _____