



SOUTHERN ILLINOIS MUSTANG ASSOCIATION  
MEMBERSHIP APPLICATION



NAME:  DATE OF BIRTH:

PARTNER NAME:  DATE OF BIRTH:

WEDDING ANNIVERSARY DATE:

ADDRESS:

CITY:  STATE:  ZIP:

PHONE:  E-MAIL:

MUSTANG CLUB OF AMERICA MEMBERSHIP #:

LIST YOUR MUSTANGS\FORDS WITH A BRIEF DESCRIPTION:

LIST CLUB ACTIVITIES YOU WOULD LIKE TO PARTICIPATE IN:

Send this completed application along with \$20.00 to:

Larry Roseberry  
4692 Drda Ln.  
Edwardsville, IL 62025

CLUB MEETINGS ARE THE SECOND TUESDAY OF EVERY MONTH