

## **PLEASE PRINT**

Name: \_\_\_\_\_

## [] For renewing members check this box if there are no changes from your 2024 information.

Address:				
City:		State:	Zip:	
Phone:				
Email:				-
Spouse's name:		Children's names:		
Mustang(s):				
YEAR	MODEL	BODY STYLE		
YEAR	MODEL			
YEAR	MODEL	BODY STYLE		

**Membership**: The RMMC membership year runs from January 1st – December 31st. Please pay by cash or check ONLY. Make checks payable to RMMC.

Initial Family Membership (\$60.00)	
Renewal Family Membership (\$50.00)	
Initial Single Membership (\$50.00)	
Renewal Single Membership (\$40.00)	
Honorary Membership (\$30.00)	

## <u>NOTE: Membership renewal is due yearly by the February club meeting.</u> <u>This form must be signed and dated.</u>

## **Insurance Release Statement**

I hereby understand that I am fully responsible for my automobile(s) and its contents, and agree to hold harmless the Rocky Mountain Mustangers, Inc., its members, and any volunteers from and against any claim for damage, injury, or loss to person or property which might or does arise out of participation in any club sanctioned activity. I further attest that my automobile(s) in a club sponsored event is/are covered by liability insurance as per the requirements of the State of Colorado.

Member Signature:	Dat	e:

Name of your Insurance Company: \_

Information provided on this form is club confidential and not to be released without the club member's knowledge and permission.