



Ponies in Paradise Mustang Club of SW Florida

Membership Application (PLEASE PRINT CLEARLY)

Name: _____ **Birth Date (mm/dd)** _____

Spouse/Other: _____ **Birth Date (mm/dd)** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email Address(s): _____

Mustang(s) owned (Year/Model/etc):

1. _____

2. _____

3. _____

WE WILL NOT RELEASE ANY INFORMATION OUTSIDE OF PIP

Please submit with your membership fee of \$10.00 made payable to "Ponies in Paradise Mustang Club" to: Becky West, Membership Director, c/o Ponies in Paradise, 325 Wellington Ave., Lehigh Acres, FL 33936.

Rev 02-01-19