



ALBERTA MUSTANG OWNERS ASSOCIATION

P.O. Box 70001, Londonderry Postal Outlet,
Edmonton, Alberta, Canada T5C 3R6

Club Website: www.albertamustangowners.com



Membership Application Form

Personal Information

Member Name		Associate Name	
Mailing Address (Apartment or Suite, Number, Street)		City / Town	Province / State
Postal Code / Zip	Home Telephone	Work / Cell Telephone (check one)	Member's Email Address

Can these phone numbers be shared with other club members? Yes No (Check one)

Would you like to volunteer to help with club events? Yes No (Check one)

AMOA newsletters will be emailed, please provide email address.

How would you like to receive your newsletter? Email Download from website (Check one)

How did you find out about our club? _____

Car Information (Please use a second form, if you have more than three cars !)

Car	Year	Make	Model	Body Style	Special Features
1					
2					
3					

Dues

Member: \$35 / year OR ____ * months @ \$3.00 / month = \$ ____ .00 (Renewal for members is \$35/year).

Associate: ____ person(s) @ \$5.00 / associate member = \$ ____ .00

TOTAL : \$ ____ .00

* New Members - Enter the number of months to next April 1 (Membership Period is April 1 to March 31).

LIABILITY RELEASE

In consideration of the acceptance of my application to join the Alberta Mustang Owners Association, I, my family, and my guests, by execution of this release form, release and hold harmless The Alberta Mustang Owners Association and anyone else connected with the organization, management, or presentation of any Alberta Mustang Owners Association meetings, tours or events, of and from any losses, judgments, and/or claims from any cause whatsoever that may be suffered by me, my family, my guests, to person or property.

I have read and agree to all conditions of this release form and agree to observe all rules and decisions of the Alberta Mustang Owners Association made by organizers or management.

Member Name	Signature	Application Date
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Renewal or New Member (Check one)

(Month, day, year)

DO NOT FILL OUT THIS SECTION - OFFICE USE ONLY!!

Received by	Membership Year	Amount Paid	Date Paid
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20__ - 20__ \$ ____ .00

(Month, day, year)

Membership Number _____ Card issued: _____

Member since _____ Receipt issued: _____

PLEASE ALLOW 1 - 5 WEEKS FOR PROCESSING