

Membership # _____

Membership # _____

Paid: _____

Date: _____

Exp: _____

Single

Dual

New

Renewal



Membership Registration Form

2012

Date: _____ How long have you been a member? _____

Name: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Occupation: _____

E-Mail: _____

Make and model of car(s): _____

Other special interest car(s) (non mopar) _____

What skills do you have that may benefit the club? _____

Suggestions as to what type of club activities you would enjoy doing: _____

Other Suggestions: _____

Who encouraged you to join MOPARS UNLIMITED? _____

If you are under 18 years of age, for insurance purposes, we must obtain your parent or legal guardian's signature prior to acceptance of club membership. Parents or legal guardian signature: _____

Please return completed form and dues to:

Mopars Unlimited

Membership Director

P. O. Box 615

Lynnwood, WA 98046

Membership rates:

Jan-May \$30 Jun-Sept \$27 Oct-Dec \$36 Add \$5 for dual membership