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| <input type="checkbox"/> New Member-Fill in completely <input type="checkbox"/> Renewing Member – Fill in changes only | | Membership Coordinator Contact info: Email: membership@ncmcc.org Phone: 720-308-2977 Address: Kelly McCain, 2041 W. 74 th Ave., Denver, CO 80221 | |
| Please bring application and payment to club meeting or mail to membership coordinator | | | |
| Name(s): First Last | | Emergency Contact(s): Name Phone Relationship | |
| Address: Street City State Zip | | | |
| Email | Home Phone | Cell Phone | |
| Mustang(s) Information: Year Color Model Engine | | | |
| Birthday: Month/Day Only (If multiple members, please ID by name) | | How did you hear about NCMCC? | |
| All members are automatically included in the annual Membership directory. This directory is for internal club use only, and not distributed externally. Please check if you DO NOT want to be included in the directory. <input type="checkbox"/> I do not wish to be included in the club directory. | | | |
| Membership Type and Dues <input type="checkbox"/> Individual \$20 <input type="checkbox"/> Couple \$30 <input type="checkbox"/> Lifetime \$250 (Individual Members Only) Dues are due yearly for NCMCC membership to remain active Cash or Check accepted at time of membership. Make checks payable to NCMCC | | | |
| Statement of Liability 1. I understand that Northern Colorado Mustang Car Club (NCMCC) cannot assume responsibility for any aspect of my safety while participating in club activities. 2. I understand and acknowledge that I voluntarily participate in NCMCC activities and I accept responsibility for my own actions. 3. I release NCMCC, its directors and all of its members from all responsibility for injury or loss to myself or my personal property. 4. I certify that I am in compliance with Colorado's laws regarding automobile insurance and vehicle insurance. I will provide proof of coverage if asked by any club officer, event coordinator or 3 rd party activity coordinator. | | | |
| Signature(s) <ul style="list-style-type: none">By signing below, you are agreeing to the above liability claim.Couple Membership: Signature required for each adult.If under 18 years of age, signature must be accompanied by the signature of your legal guardian. | | | |
| Printed Name | | Signature Date | |
| Printed Name | | Signature Date | |