



Michiana Mopar Association

Membership Application

Mail to: P.O. Box 1256
Mishawaka, IN 46546
Attn: Membership Director



Date: _____ Membership Number: _____
Member Since: _____ Prior Number(s): _____

(Above to be completed for new applicants by club membership personnel only)

(Please Print Legibly)

(If Updating Previous Information, Please Note Changes With An Asterisk) *

Name: _____

Address: _____

City / State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

E-Mail Address: _____ Shirt Size: S M L XL 2X

I am interested in the following activities:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Club Leadership | <input type="checkbox"/> Restoration | <input type="checkbox"/> Road Trips |
| <input type="checkbox"/> Newsletter Staff | <input type="checkbox"/> Swap Meets | <input type="checkbox"/> Judged Car Shows |
| <input type="checkbox"/> Helping Plan Club Events | <input type="checkbox"/> Racing | <input type="checkbox"/> Non-Judged Exhibition Shows |
| <input type="checkbox"/> Working At Club Events | <input type="checkbox"/> Cruising | <input type="checkbox"/> Other: _____ |

Listed below are special skills and /or crafts I possess that I am willing to share with the club and its members:

I want the following information kept confidential for use by Executive Board Members and Membership Personnel only:

- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Address | <input type="checkbox"/> Phone Number(s) | <input type="checkbox"/> Occupation | <input type="checkbox"/> Skills |
| <input type="checkbox"/> Mopars Owned | <input type="checkbox"/> Mopars Wanted | <input type="checkbox"/> Interests | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None (All Information may be shared with other club members) | | | |

Signature: _____

Date: _____

The information on this application is strictly confidential and is to be used only by the club's Executive Board and Membership Personnel (unless specified otherwise above). No information on this application will be given to anyone without the prior consent of the member to whom this information pertains. Membership may be for individuals, couples, or families (including children up to the age of eighteen years of age), as defined in Article V of the Michiana Mopar Association Bylaws.

Below to be completed by club Membership Personnel only:

Member's Name: _____	Date: _____	Membership No. _____
Authorized By: _____	Date: _____	Title: _____
Dues Paid On _____ / _____ / _____	for membership to _____ / _____ / _____	\$ _____ Received By _____
Dues Paid On _____ / _____ / _____	for membership to _____ / _____ / _____	\$ _____ Received By _____
Dues Paid On _____ / _____ / _____	for membership to _____ / _____ / _____	\$ _____ Received By _____
Dues Paid On _____ / _____ / _____	for membership to _____ / _____ / _____	\$ _____ Received By _____
Dues Paid On _____ / _____ / _____	for membership to _____ / _____ / _____	\$ _____ Received By _____

Applicant's Name: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____ Color: _____

Engine: _____ Transmission: _____

Drive Axle Ratio: _____ Mileage: _____

Unique Features: _____

Date Purchased: _____ Where You Found The Vehicle: _____

Vehicle History: _____

Attach a Picture
Of Your
Vehicle Here