



Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

Email Address (*important*): _____

Tell us about your car(s)

Use reverse side for any additional vehicles or unique vehicle information

	1 st Vehicle	2 nd Vehicle	3 rd Vehicle	4 th Vehicle
Year:				
Make:				
Model:				
Body Style:				
Engine:				
Trans:				
Color:				

**Please make your \$30.00 check or money order payable to Michigan Mopar Muscle,
Then send your payment with this completed form to:**

**Michigan Mopar Muscle
P.O. Box 383
Highland, MI 48357-0383**

**Contact: Leroy Simpson (248) 790-3485
Please visit: www.MichiganMoparMuscle.com**