



2011 MCS APPLICATION RENEWAL

LAST NAME _____

LIST CARS OWNED _____

FIRST NAME _____

SPOUSE _____

List events you would like to participate in.

ADDRESS _____

CITY _____

Please check the area you would be willing to help in:

STATE _____ ZIP CODE _____

Organize an event Stories for the newsletter

PHONE _____

Help with membership Help with car show

E-MAIL _____

NEWSLETTER PREFERENCE:

CELL _____

E-MAIL US MAIL

BIRTHDAY: HIS: M _ D _ HERS: M _ D _

Please remit \$30 renewal fee No reactivation fee required at this time.

OCCUPATION _____

One membership fee covers spouse and dependent child.

Please send application to MCS P.O. Box 3864 Thousand Oaks, CA 91359
Call Art Adams (310) 601 - 6889 or Theresa Wagner (818) 597 - 1022