

Membership Year _____
Paid _____
Date _____



Membership Application

Membership is \$20 /year Due January 1st

Membership: New ___ Renewal ___ Membership # _____

NOTE: Our sources of communication are email, Facebook, and the MVMC website: <http://miamivalleymiataclub.org>

Member 1 _____ Birthdate (mm/dd) _____

Email Address _____ Phone _____

Address _____

City _____ State _____ Zip _____

Member 2 _____ Birthdate (mm/dd) _____

Email Address _____ Phone _____

Address _____

City _____ State _____ Zip _____

Car #1 (Year, Color, Options) _____

Car #2 (Year, Color, Options) _____

If new, have you been a member before? _____ If so, when? _____

If new, how did you hear about MVMC? _____

Yes ___ No ___ I wish to enjoy the benefits of having my name, address, phone number and email address listed in the club directory on the web site, thereby allowing other club members (**only**) to contact me regarding club matters and events.

Make check payable to: Miami Valley Miata Club

Send form and payment to: Gina Seay, Membership Director
61 West Hunter Drive
Enon, OH 45323