

Merkur Club of America, Inc.



Membership Application Form

Name: (First) (MI) (Last)

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Contact information:

Street:	
Street (cont'd):	
City:	
State or Province:	
Postal (Zip) Code:	
Country:	
Email:	
Home Phone:	
Work Phone:	
Home Page URL:	

Car information:

<u>Year</u>	<u>Model</u> <small>(Scorpio/XR4)</small>	<u>VIN</u>	<u>Color</u>	<u>Year of Purchase</u>

Referral

How did you hear of the Merkur Club of America?	
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Complete form and send it with a check or money order made out to MCA:

Scott Williams
 Merkur Club of America
 298 Hillside Avenue
 Livingston NJ 07039

Please allow six weeks for processing
 (Do not write below this line)

Member Number:		Renewal Date:	
Date Received:		Type of membership:	Indiv Family
Payment Method	Check Credit Card	Online Money Order	