



AMERICAN PONTIAC ASSOCIATION

MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

e-mail ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

WORK/PROFESSION: _____

VEHICLE INFORMATION: Pontiac Other _____

YEAR: _____ MODEL: _____ BODYSTYLE: _____

COLOR: _____ ENGINE: _____ TRANS: _____

FACTORY OPTIONS: _____

continued _____

OTHER MODIFICATIONS/EQUIPMENT: _____

continued _____

PERSONAL INFORMATION (Optional):

SPOUSE'S NAME: _____

SIGNATURE: _____

Membership fee (annual) is \$24. All memberships expire on December 31 and must be renewed. The fee is prorated as follows:
Dec - Jan \$24, Feb \$22, Mar \$20, Apr \$18, May \$16, Jun \$14, Jul \$12, Aug \$10, Sep \$8, Oct \$6, Nov \$4.

A completed application with payment enclosed can be mailed to :
AMERICAN PONTIAC ASSOCIATION
c/o Donna Escamilla
1205 Collingsworth
Houston, TX 77009
phone: 713/ 229-8133

Information on this form is strictly confidential and will only be used for club purposes and will not be shared with any outsiders for any purpose.