



**APPLICATION FOR MEMBERSHIP
GTO ASSOCIATION OF CENTRAL OHIO**

Name _____ Date _____
Address _____ City _____ St. _____ Zip _____
Home Phone _____ Cell Phone _____
Occupation _____ E-mail Address _____

MEMBERSHIP COST PER CALENDAR YEAR IS \$20.00. THIS INCLUDES YOUR SPOUSE.

MAKE CHECKS PAYABLE TO: **THE GTO ASSOCIATION OF CENTRAL OHIO**

SEND TO: **DONNA LANDIS
58 ARLINGTON AVE.
LONDON, OH 43140**

Web Site gtoaco.com

**740-852-1742
E-MAIL ADDRESS
SHARKLANDIS@NETSCAPE.NET**

RECEIVE OUR MONTHLY NEWSLETTER, THE PAW PRINTS, BY **EMAIL (COLOR PDF)** (Check One)
OR **POSTAL MAIL (BLACK AND WHITE PHOTO COPY)**

ARE YOU A MEMBER OF THE GTO ASSOCIATION OF AMERICA # _____ Date Expires _____

SPOUSE'S NAME _____

CHILDREN _____

YEAR, COLOR AND STYLE OF GTO (s) OR PONTIAC (s) CURRENTLY OWNED

WHAT ACTIVITIES WOULD YOU BE INTERESTED IN? _____

OPTIONAL:

WRITE A SHORT STORY ABOUT YOURSELF, FAMILY, OCCUPATION, HOBBIES AND HOW YOU GOT INTERESTED IN GTO'S. IF YOU HAVE ANY PICTURES OF YOUR CAR SEND THOSE ALSO. THIS INFORMATION WILL BE USED IN A COLUMN IN THE PAW PRINTS FEATURING MEMBERS. IT IS A GOOD WAY FOR US TO BECOME AQUATINTED WITH EACH OTHER.