

APPLICATION FOR MEMBERSHIP THE GTO ASSOCIATION OF CENTRAL OHIO

| Name | | Date | | | |
|---------------------|-------------------------|---|---------|-------------|--|
| Address | | City | STZip | | |
| Home Phone | | Cell Phone | | | |
| Occupation | E-mail | E-mail Address | | | |
| Membership Dues are | \$20/yr for email Pav | w Prints delivery. | | | |
| MAKE CHECKS PAYAB | LE TO: THE GTO A | ASSOCIATION OF CE | NTRAL O | НЮ | |
| | SEND TO: | Lonnie McLaughlin 5808 Tarton Circle No Dublin, OH 43017 614-327-8885 londart@aol.com | orth | | |
| ARE YOU A MEMBER O | F THE GTO ASSOCIA | ATION OF AMERICA # | D | ate Expires | |
| SPOUSE'S NAME | | | | | |
| CHILDREN | | | | | |
| YEAR, COLOR AND STY | YLE OF GTO (s) OR PO | ONTIAC (s) CURRENTLY | OWNED | | |
| WHAT ACTIVITIES WO | ULD YOU BE INTERE | STED 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 AQUAINTED WITH EACH OTHER.