



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

Name _____ Date _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ E-mail Address _____

Membership Dues are \$20.00 per year

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

SEND TO: Connie Stevens
32 Jonquil Dr SE
Etna, Ohio 43062
(614) 886-0311
Conniecake14@gmail.com

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.