



Application for Membership Dallas Area Pontiac Association

P. O. Box 831605
Richardson, TX 75083

Name: _____ Date of Birth: ____/____/____
Address: _____
City: _____ State: ____ Zip: ____
Phone: (H) _____ (W) _____ (C) _____
E-Mail Address: _____
Spouse Name: _____ Date of Birth: ____/____/____

Pontiacs Currently Owned

	Year & Model	Body Style	Color
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Paid Family Members (Immediate Family Only)

Related Business/Service/Hobby Information

I hereby agree to abide by all rules and guidelines established for all club members during meetings and events I attend as a member of the Dallas Area Pontiac Association and to abide by the DAPA Bylaws, as amended. It is understood that insurance coverage for my automobile is my personal responsibility and that no insurance of any type is provided by DAPA at any time.

(CIRCLE ONE OPTION ONLY)

New Members:	Single	Family	Renewals:	Single=\$24	Family=\$36
1. January – December	\$24.00	\$36.00	If paid prior to 12/31, \$2 Discount	\$ ____.	____
2. April – December	\$18.00	\$24.00	If paid after 3/1, \$5 Late Fee	\$ ____.	____
3. July – December	\$12.00	\$16.00			
4. October – December	\$ 6.00	\$ 8.00			

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This section for official DAPA use only. Not to be completed by applicant.

Total Amount Received: \$ ____ Date: ____/____/____ Received By: _____
(Name/Title)

Membership Number Assigned: _____