

CAROLINA CLASSIC PONTIAC CLUB, INC.

Annual Membership Application New___ Renewal___

Date_____

Member Information (annual dues **\$30.00**/print newsletter or **\$20.00**/email newsletter):

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

TELEPHONE_____ CELL PHONE_____

EMAIL_____

(Email address is required for email newsletter.)

Associate Member Information (annual dues \$5.00 each):

NAME_____

NAME_____

NAME_____

Please list Pontiacs owned:

YEAR MODEL	BODY STYLE	COLOR
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership information is available in a directory for internal club information only.

Mail completed application with payment to:

(Paid by check___ cash___)

CAROLINA CLASSIC PONTIAC CLUB, Inc.

PO Box 6767

Concord, NC 28027-1530