

**GATEWAY GTO ASSOCIATION**  
**Membership/Renewal Form**  
(Please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Year & Body Style of Car(s) **ALL PONTIACS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auto related interests, hobbies or talents:

\_\_\_\_\_  
\_\_\_\_\_

**GTO Association of America membership number:** \_\_\_\_\_

**GTO Association of America membership renewal date:** \_\_\_\_\_  
(found on address label of *Legend*)

**PLEASE FILL IN ALL FIELDS**

**And mail to:**

Will Bowers, Treasurer  
Gateway GTO Association  
4213 Napa View Lane  
St. Charles, MO 63304

**Membership dues are \$20.**  
**You are allowed one associate member (spouse, girlfriend, etc.).**