



The GTO Association of America

New Member Referred by: _____
 Renewal GTOAA#: _____ Expiration Date: _____
 Previous Member

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Cell: (____) _____

E-Mail: _____ (important) [we do not share]

Names of family members for Associate Memberships (additional \$5.00 per associate)

Your **GTO** ownership

Year Body Style Cool Options

1. _____

2. _____

3. _____

Please indicate payment method: Check: _____ Money Order: _____ Visa: _____ MasterCard: _____

Credit Card # _____ Expiration Date: _____ 3 Digit CVV: _____

Add \$3.00 processing fee if paying by credit card

\$45 per year for U.S.
\$50 per year for Canada
\$60 per year for all other countries
 \$5.00 per year for associate members in the same family (includes membership cards for each member). Canada and overseas fees include first class airmail.

Signature: _____

Please return this completed form with appropriate application fee to:

GTO ASSOCIATION OF AMERICA
P.O. BOX 277
BATESVILLE, IN. 47006