



Star City Chapter Pontiac Oakland Club International Membership Application

To become a member of the Star City Chapter POCI you must:

1. Become a member of the Pontiac Oakland Club International, \$31 per year, \$2 per year extra for Associate Membership.
2. Pay a \$12 per year pro-rated yearly membership fee for our local chapter (Associate Members are free for local chapter).
3. Obtain approval by the club officers.

Fill in the below information and send with check (payable to Star City Chapter POCI) to Star City Chapter POCI, c/o Chris Reynolds, 524 Azalea Rd, Daleville, VA 24083 or bring to the next Monthly Dinner Meeting (see Upcoming Events at <http://www.starcitypontiac.org>). If you have any questions, feel free to contact any officer.

Full Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____

E-Mail Address: _____

POCI Membership Number (if known): _____

Associate Member _____

If you are becoming a new POCI member in addition to joining the local chapter, we will be happy to send in your national membership application and fees. Please include an additional \$25 for your membership, and \$2 for an Associate Membership.

Year, Make & Model of Pontiac, Oakland, or GMC Vehicles (not required):

Pontiac Oakland Club International Membership Renewal Form

Your Subscription to the **Smoke Signals Magazine** and membership to the **Pontiac-Oakland Club International** may be due. If the renewal date on your mailing label (which is to the left of your membership number) is between **November 1-December 31, 2006**, please fill out this form and return immediately (photocopies are fine). We don't want you to miss a single issue of **Smoke Signals Magazine** or any other important information about the POCI.

Send To:

POCI World HQ
PO Box 539
Victor, NY 14564

We Accept Mastercard and Visa

Card #: _____

Exp. Date: _____

Return this form with:

- \$31.00 U.S. Member (Add \$2.00 per Associate)
- \$33.00 Canadian Member (U.S. Funds) (Add \$2.00 per Associate)
- \$42.00 Foreign Member (U.S. Funds) (Add \$2.00 per Associate)

POCI Membership Number: _____

Signature: _____

Please Provide Current Information:

Name: _____

Address: _____

Associates: _____

Cars: _____