



# The GTO Association of America

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

E-mail: \_\_\_\_\_ (important)

GTOAA # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 \_\_\_\_\_

**Add \$2.00 for credit card processing fee if paying by credit card**

**\$35 per year for the U.S.**  
**\$40 per year for Canada**  
**\$50 for all other countries**  
\$5.00 for associate memberships in the same family (includes membership cards for each member).  
Canadian and overseas fees include first class air mail.

Signature \_\_\_\_\_

Please return this completed form along with appropriate application fee to:

**GTO ASSOCIATION OF AMERICA**  
**PO Box 277**  
**Batesville , In 47006**