

# MEMBERSHIP FORM

PIERCE-ARROW SOCIETY

## Contact Information

Name:

Address:

City:  State:  Zip Code:

Country:

E-mail:

Home Phone:  Office/Cell:

## Pierce-Arrow Information

Please include the following information about each Pierce-Arrow you own (if any) using the backside if necessary

Vehicle Type	Year: <input type="text"/>	Model: <input type="text"/>
<input type="checkbox"/> Car	Serial Number: <input type="text"/>	Engine Number: <input type="text"/>
<input type="checkbox"/> Truck	Body Style: <input type="text"/>	Body Code: <input type="text"/>
<input type="checkbox"/> Bicycle	Previous Owner: <input type="text"/>	
<input type="checkbox"/> Motorcycle		
<input type="checkbox"/> Travelodge		

## Payment Information

PAS	<input type="checkbox"/> \$45 per year ~ USA Bulk Mailing	\$ <input type="text"/>
Mailing	<input type="checkbox"/> \$55 per year ~ 1st Class USA & Canada	\$ <input type="text"/>
Options	<input type="checkbox"/> \$70 per year ~ Foreign/International <small>(Outside USA &amp; Canada)</small>	\$ <input type="text"/>

SUPPORT the PIERCE-ARROW MUSEUM at GILMORE

One-time Museum donation >>

Pierce-Arrow Museum Donations are tax-deductible under U.S. Law. Please keep a COPY of this form for your tax records

\$40 annual Pierce-Arrow Museum Membership \$

Check:  Make Check Payable to Pierce-Arrow Society (USD only) TOTAL \$

Credit Card:  Card Number:

Expiration:  CVV Code:

Name On Card:

Signature: \_\_\_\_\_



Return this completed form and payment to:

Diana Stevens  
Pierce-Arrow Membership  
Post Office Box 309  
Whitehall, MI 49461