

## POCI 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 right of your membership number) is between **January 1, 2015 to February 28, 2015**, 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.

Make Checks Payable to POCI. Send To: POCI World HQ, PO Box 68, Maple Plain, MN 55359

- NEW! \$25.00 Worldwide E-Membership: Web Site Access & Downloadable *Smoke Signals***
- \$39.00 U.S. Member (Includes 2 Associates)
- \$40.00 Canadian Member (U.S. Funds) (Includes 2 Associates)
- \$49.00 Foreign Member (U.S. Funds) (Includes 2 Associates)

Name: \_\_\_\_\_ POCI Membership Number: \_\_\_\_\_

We Accept Mastercard & Visa at [www.poci.org](http://www.poci.org) or Call: 877/368-3454

Credit Card Type (Visa, M/C, Discover) \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Name as it Appears on Card \_\_\_\_\_  
 Security Code (Mandatory) \_\_\_\_\_  
 Signature \_\_\_\_\_

Please Provide Any Updated Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Associates: \_\_\_\_\_  
 Cars: \_\_\_\_\_

## POCI New Membership Form: Use Form Above for Renewals

Year \_\_\_\_\_ Style Name/Number \_\_\_\_\_ No. Cylinders \_\_\_\_\_

Year \_\_\_\_\_ Style Name/Number \_\_\_\_\_ No. Cylinders \_\_\_\_\_

Year \_\_\_\_\_ Style Name/Number \_\_\_\_\_ No. Cylinders \_\_\_\_\_

Owner: \_\_\_\_\_

Associate Member(s) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Country \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Referred By (Name & Member#): \_\_\_\_\_

Pontiac  Oakland  GMC

### Annual Membership

Worldwide E-Membership	\$25.00
U.S. (Includes 2 Associates)	\$39.00
Canada (Includes 2 Associates)	\$40.00
Foreign (Includes 2 Associates)	\$49.00
Associate Membership (All)	\$2.00/each

Bill My:  Visa  Mastercard  
 Discover

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

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