

Membership Application



Name: _____

Spouse's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _ (_____) _____ - _____

E-mail: _____

New Member: ()

Renewal: ()

Annual dues are \$20 with mailed newsletter, \$15 with on-line newsletter.

To join, complete this form and send it along with a check to:

Central Pennsylvania Triumph Club
 PO Box 493
 New Kingstown PA 17072-0493

MODEL	YEAR	COLOR	MILES/YEAR	COMMISSION #

Are you a member of the Vintage Triumph Register? _____

What would you like the club to provide for you and your Triumph?
