

**OLDSMOBILE CLUB OF AMERICA
PUGET SOUND CHAPTER
2018 MEMBERSHIP RENEWAL**

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

Check here if this is an address change

HOME PHONE: (____) _____ CELL PHONE:(____) _____

E-MAIL ADDRESS: _____

BIRTHDAY MONTH _____ DAY _____

SPOUSE MONTH _____ DAY _____

\$20.00 annual dues payable. Please make checks payable to Puget Sound Chapter and mail to:

**Kathi Straw
PSOC Membership Chairperson**

**P.O. Box 82042
Kenmore, WA 98028**

Please assist us in updating our roster by listing your current Oldsmobile(s) below:

1) YEAR _____ MODEL _____ COLOR _____

2) YEAR _____ MODEL _____ COLOR _____

3) YEAR _____ MODEL _____ COLOR _____

4) YEAR _____ MODEL _____ COLOR _____

Please print this form and mail to Kathi