



## APPLICATION FOR MEMBERSHIP

Please make checks payable to: **Dixie Chapter, POCI**

**ANNUAL DUES: \$25**

**Print and return to:**

Eric Decker  
7833 Feather Oaks Drive  
Jacksonville, FL 32277

_____	_____	_____
Year	Model / Style Number or VIN	No. Cylinders
_____	_____	_____
Year	Model / Style Number or VIN	No. Cylinders
_____	_____	_____
Year	Model / Style Number or VIN	No. Cylinders

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

Spouse: \_\_\_\_\_

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

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

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail address: \_\_\_\_\_

POCI # (if current POCI member): \_\_\_\_\_

Signature: \_\_\_\_\_ **Renewal:** \_\_\_\_\_