

**PORSCHE CLUB OF AMERICA / PACIFIC NORTHWEST REGION –
MEMBERSHIP FORMS**



Please fill out these forms completely and send to:

Jay Gillotti
PCA/PNWR Membership
3316 94th Ave SE
Mercer Island, WA 98040

Please be sure to include **two** checks:

- 1) National Dues - \$46.00 payable to PCA
- 2) Regional Dues - \$20.00 payable to PNWR

Additional questions or concerns regarding PNWR membership may be sent to Jay at 206-434-1888 or to membership@pnwr.org.

Willkommen! Thanks for joining the club!

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Please note: For those that live within the counties of Clallam, Grays Harbor, Jefferson, Kitsap, Mason, and Pierce (north of the Narrows Bridge) please apply for membership to the Olympic Peninsula Region through www.pca.org. However, if you'd rather be a member of the Pacific NW Region, you are more than welcome to! Just make a note of it on **this application and follow the above directions.

THIS SECTION WILL BE FORWARDED TO THE PCA EXECUTIVE OFFICE

Please TYPE or print in BLOCK LETTERS

Name _____
Address _____
City _____ State _____
Zip Code _____ County _____
Phone: Home _____ Work _____
Email _____
*Family Member _____ Relationship _____

*Affiliate Member _____

** Note: Member may select either a Family or Affiliate member; **not** both. Family or Affiliate member must be at least 18 years old.*

PORSCHE INFORMATION:

Model _____ Year _____

Serial No./VIN _____

Note: A copy of a sales order is acceptable if a car has been ordered but not yet delivered.

Local Region **Pacific Northwest** _____

I hereby verify that I own/co-own a Porsche, am 18 years of age or older and, having read the Objectives of PCA, do herewith apply for Active Membership in the Porsche Club of America.

Signature _____ *Date* _____

ENDORSEMENT BY REGION OFFICIAL

*Application **must** be processed through a local PCA Region and endorsed by a Regional Officer.*

Signed _____ *Date* _____

Title _____ *Region* _____

FOR EXECUTIVE OFFICE USE ONLY

Date Processed _____ Panorama Code _____

Card Expiration _____

Amount \$ _____

Payment Type MO Check

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THIS SECTION WILL BE RETAINED BY YOUR LOCAL PCA REGION

Please TYPE or print in BLOCK LETTERS

Name _____

Address _____

City _____ State _____

Zip Code _____ County _____

Phone: Home _____ Work _____

Email _____

*Family Member _____ Relationship _____

*Affiliate Member _____

** Note: Member may select either a Family or Affiliate member; **not** both. Family or Affiliate member must be at least 18 years old.*

PORSCHE INFORMATION:

Model _____ Body Type _____

Year _____ Color _____

Car Used: Daily For Pleasure

I heard about the PCA from _____

REGIONAL ACTIVITY INFORMATION

Age _____ Occupation _____

Single _____ Married _____ Spouse's Name _____

Names & ages of Children under 18 _____

My Interests: Social Concours Autocross Technical Newsletter

Rally Driver Ed Tours Charity Other

Porsche Maintenance performed by: _____ Self _____ Dealer _____ Independent

FOR PCA REGION USE ONLY:

Date mailed to PCA Exec. Office _____

Amount Paid in US Funds \$ _____