



KING OF THE ROAD

KOTR ACC

MEMBERSHIP APPLICATION

Name _____ D.O.B. _____
Last _____, First _____

Wife, Husband/Partner _____ D.O.B. _____
Last _____, First _____

Address _____
Street _____
City _____, State _____, Zip Code _____

Home Phone() _____ Cell() _____

E-Mail Address _____ @ _____.

Dues are \$20.00/yr. The year runs from January 1st thru December 31st.
Half year membership are available from June 1st thru December 31st for 1/2
the annual rate. Please remit payment to:

Pat Rentz, 1870 Caryle Ln., The Villages, FL 32162

Current Car Inventory:

Year _____ Make _____ Model _____ No. Cyls. _____

Year _____ Make _____ Model _____ No. Cyls. _____

Year _____ Make _____ Model _____ No. Cyls. _____

Signed _____ Date _____

