

OHIO STATE ANTIQUE TRACTOR PULLERS ASSOCIATION
APPLICATION FOR MEMBERSHIP

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

TRACTOR MAKE	TRACTOR 1	TRACTOR 2	TRACTOR 3
YEAR			
MODEL			
DIV FOR POINTS			
WEIGHT CLASS 1			
WEIGHT CLASS 2			
WEIGHT CLASS 3			

MEMBERSHIP-----\$20.00

COAT SIZE _____

AMOUNT PAID\$ _____
MAKE CHECKS PAYABLE TO: OSATPA

SEND TO:: OSATPA
% LINDA BEASLEY, TREASURER
PO BOX 43
COVINGTON, OHIO 45318

I, _____, AGREE TO SUPPORT AND ABIDE BY THE
BY-LAWS, CODE OF CONDUCT, AND RULES OF THE OSATPA.

DO NOT WRITE IN THIS SPACE

REC'D DATE _____ AMT REC'D _____ MEMBER NO. _____

REC'D BY _____ PAID BY: CHECK CASH CARD ISSUED DATE _____
(CIRCLE ONE)