



## Desert Renegades Membership Application

Name: \_\_\_\_\_ POCI#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Owned Pontiacs:

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Mail Checks Payable to Desert Renegades    \$15 Annual Dues  
Tom Knecht  
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Peoria, Az. 85381