



The Toledo Transportation Club Application for Membership

DATE: _____ To the Board of Trustees:

NAME: _____

TITLE: _____

COMPANY: _____

BUSINESS ADDRESS: _____

CITY: _____

ST: _____

ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

ADDRESS FOR MAILINGS: _____

SIGNED: _____

PROPOSED BY: _____

It is requested you include a voluntary contribution to the scholarship fund and/or TTC General Fund in the amount of \$50.00

Total Due: \$ _____ Scholarship Donation
 \$ _____ TTC Donation
 \$ _____

Make check payable to: Toledo Transportation Club

Mail To: Toledo Transportation Club, c/o Ben Allen Treasurer
2601 Schroeder St. Toledo, OH. 43613

Payment by Credit Card (Visa, Mastercard, American Express):



Card Type:	Card Number	Exp/ Date	Security Code	Billing Zip Code

Signature _____

Or to be Invoiced, print your email address clearly or email this form and request to be invoiced to benjamin.allen@thyssenkrupp-materials.com & watch for an invoice to come by email from The Toledo Transportation Club/Square Invoicing.

Email Address: _____