



Pontius Family Association Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____

Date of Birth: _____

Name of Spouse: _____

Pontius Number: _____

(if known)

_____ 1 year \$7.50 _____ 2 year \$14.00 _____ 3 year \$20.00

_____ Junior \$3.00 (ages 1-21 w/o Bridge Builder)

_____ Life (under 65) \$100.00 _____ Life (65-70) \$75.00 _____ Life (70 & older) \$50.00

Make checks payable to: Pontius Family Association

Mail to: Pontius Family Association, % 21810 Fairmount Blvd., Shaker Heights, OH 44118-4816