



Pontius Family Association Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

E-Mail: _____

Date of Birth: _____

Name of Spouse: _____

If wife please include maiden. name.

If renewing membership Pontius Number: _____

Second Address Information: If you live in another location part time.

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Name of Pontius Ancestor: _____

Relationship of Ancestor: (i.e. Grandmother) _____

Renewing Membership? Yes No

_____ 1 year \$10.00 _____ 2 year \$18.00 _____ 3 year \$27.00

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

_____ Life (69 and younger) \$120.00 _____ Life (70 and older) \$100.00

Make checks payable to: Pontius Family Association

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

Thank you for your membership!