

I/We hereby apply for membership in the Toyota Land Cruiser Association for Toyota vehicle owners only. We will obey all rules and regulations set forth by the Board of Directors as allowed by the Association Bylaws.

I/We understand that/our name and other information may be given to other members for the express purpose of contacting fellow members in a given area.
I/We also understand that this information may be given to Associate Members for use in membership verification or for marketing their products only. This information will NOT be sold to any outside companies.

Make checks or money orders payable to:

TLCA, Inc.

** IN U.S. FUNDS ONLY ** (We are currently unable to accept non-US checks)

A service charge of \$15.00 will be assessed for all returned checks.

MAIL TO:

TLCA, Inc. 6834 S. University Blvd. #505 Centennial, CO 80122 (800) 655-3810

Online membership submittal is supported on TLCA's website: www.tlca.org

For additional information or to apply by credit card over the phone, please call

(800) 655-3810

TLCA MEMBERSHIP APPLICATION

Join or renew online at www.tlca.org, or use the form below.

New Member: Renewal: If a renewal, TLCA Member ID:
Name:
Address:
City: State: Zip Code:
Phone(s) Home: Work:
Email Address:
Toyota(s) Owned Model: Year:
Chapter Member: Yes No Chapter Name:
Are you affiliated in other 4WD organizations? Yes No Which?
If you are a new member, how did you find out about TLCA?
PLEASE ALLOW 1-2 WEEKS FOR MEMBERSHIP PROCESSING OR GO TO TLCA.ORG FOR INSTANT PROCESSING
TLCA Membership (includes TLCA decal and 6 issues of Toyota Trails) NOTE: USPS bulk mail takes two to seven weeks. First Class USPS arrives in three to 10 days.
First Class postage membership (U.S. only) 1 year \$45 / 2 years \$88 / 3 years \$130 \$
Bulk postage membership 1 year \$35 / 2 years \$68 / 3 years \$99
Non-US postage surcharge (per year) Canada \$15.00 / Others \$30.00 \$
PDF download only 1 year \$25 / 2 years \$48 / 3 years \$70
Copy of current issue of <i>Toyota Trails</i> \$7.50
Voluntary Contribution (not tax-deductible)
Check Visa Mastercard Discover American Express
Card Number: CVV Code:
Name as it appears on card: Card Exp Date:
Credit Card Billing Street Address:
City: State: Zip Code:
Signed: Date:
Comments to Staff:
Questions? Please contact member services at memberservices@tlca.org