

Illiana Pullers Association



**2011
IPA
Diesel Truck
Membership
Form**

Full Name: _____

Street Address: _____

City, State: _____

Zip: _____

Phone (h): _____

Phone (cell): _____

E-mail: _____

Membership:

Diesel Trucks **\$ 50.00**

Per Day Membership **\$ 50.00**

Associate Member **\$ 50.00**

Vehicle: _____

Vehicle License: **\$ 50.00**

Total: **\$** _____

Make Checks Payable to: Illiana Pullers Association.

Mail to: **IPA** P.O. Box 217, Watseka, IL 60970