



MEMBERSHIP APPLICATION

DATE _____
MONTH DAY YEAR .

NAME _____
FIRST MIDDLE INITIAL LAST

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ LAND ____ CELL ____

EMAIL _____

EV? _____

GENERAL MEMBERSHIP:
I am joining TEVA as a member for a period of 12 months _____ \$20.00

EAA-Affiliated MEMBERSHIP:
I am a member of the Electric Auto Association (EAA) and wish to become TEVA member at a reduced annual rate _____ \$10.00

EAA membership number: _____

INTERNAL: MAILED IN-PERSON NEW RENEW PAID RECEIPT

PAYMENT: Checks payable to and mailing address:
Avery Davis
ATTN: TEVA
969 N. Miller Dr.
Tucson, AZ 85710

PAYPAL (include your information in the description):
<https://www.paypal.me/AveryL5>

Find out more about TEVA at our web site:
<http://www.tucsonelectricvehicle.org/contact.html>