

Membership Application for  
**Rim Rock Roamers**  
Central Oregon Family Motor Coach Association Chapter

Pilot: \_\_\_\_\_

Co-Pilot: \_\_\_\_\_

FMCA Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pilot Cell: \_\_\_\_\_ Pilot Email: \_\_\_\_\_

Co-Pilot Cell: \_\_\_\_\_ Co-Pilot Email: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

I/We hereby apply for membership in the Rim Rock Roamers Chapter of FMCA

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Dues: \$35.00 First Year  
\$10.00 Thereafter

Checks payable to Rim Rock Roamers  
Anne Mattioda – Treasurer  
P.O. Box 83  
Powell Butte, OR 97753