

Membership Application for
RIM ROCK ROAMERS
Central Oregon Family Motor Coach
Association Chapter

Pilot: _____

Co-Pilot: _____

Anniversary Date: _____

Pilot Birthday: _____

Co-Pilot Birthday: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Pilot Cell: _____

Co-Pilot Cell: _____

E-Mail: _____

FMCA Number: _____

Coach Manufacturer: _____

Year: _____ Model: _____

Length: _____ # of Slides: _____

AMPS: _____ Pets: _____

License #: _____ State: _____

Special Needs: _____

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

Signed: _____ Date: _____

Dues: \$ 35.00 First Year
\$ 10.00 Thereafter

Checks Payable to **Rim Rock Roamers**

**Jinny Andres – Treasurer
5353 SW 43rd Street
Redmond, OR 97756**