

GOLDEN SPIKE MEMBERSHIP APPLICATION

I wish to join the Golden Spike Chapter of FMCA. Attached is my check for \$20.00 dues (\$5.00 application fee and \$15.00 for 2011 dues) Make checks payable to: **FMCA Golden Spike**. Mail to: **FMCA Golden Spike, 610 Brocton Ct. #101, Long Beach, CA 90803-7115.**

MY FMCA NUMBER IS: _____

NAME, LAST: _____ FIRST, HIS: _____ FIRST, HERS: _____

ADDRESS: _____

CITY : _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____

E-MAIL: _____

RV MAKE: _____ LENGTH : _____

BIRTHDAYS: HIS: _____ HERS: _____ ANNIVERSARY: _____

SPECIAL INTERESTS OR HOBBIES: _____

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