

TIFFIN TRAVELERS CHAPTER OF FMCA

****PLEASE PRINT LEGIBLY****

Last Name (Pilot) _____ First Name _____

Last Name (Co-Pilot) _____ First Name _____

FMCA # _____ Required

Address _____

City _____ State _____ Zip _____

E-Mail Address (Pilot) _____ Please Print Legibly!

E-Mail Address (Co-Pilot) _____ Please Print Legibly!

Chapter communication is emailed; therefore a legible, valid email address is essential.

Cell Number (Pilot) _____ Cell Number (Co-Pilot) _____

Optional Home Phone number _____

RV Model & Length _____

Date of Application: _____

Below dates are not required, and are used if the chapter chooses to recognize these special events in members' lives:

Birth Month and Day: (Pilot) _____

Birth Month and Day (Co-Pilot) _____

Anniversary Month/Day/Year _____

Please fill out and send to our chapter treasurer using the name and address format shown below.

Dues are \$12.00 per year, per coach.

Also, please include a \$10.00 new member initiation fee with this form.

A minimum of \$22.00 is payable when an application for new membership is submitted.

Make check payable to: Tiffin Travelers.

Mail check and application to our treasurer in an envelope addressed as follows:

Tom Fonner
730 Segovia Rd.
St. Augustine, FL 32086