

FIRST STATE TRAVELERS MEMBERSHIP FORM

New Membership _____

I am/we are members or have applied for membership in the FMCA. Enclosed is a check for **\$25.00**, and understand it is for the first year's dues and entitles me/us to membership in the First State Travelers Chapter of the FMCA.

Signature _____ **Date** _____

Renewal _____

Dues: \$20.00 per year. (*January 1st to December 31st.*)

FMCA # _____ **FMCA Exp. Date** _____
(Please print clearly)

Pilot's Last Name _____ **First** _____

Co-Pilot's Last Name _____ **First** _____

Address _____

City _____ **State** _____ **Zip** _____

Home # _____ **Cell (his)** _____

Cell (hers) _____

E-Mail (his) _____ **E-Mail (hers)** _____

Make and length of coach: _____

Anniversary Date (month & day): _____

Birthday (month & day): **Pilot** _____; **Co-Pilot** _____

How did you hear about us? _____

All Correspondence will be by email

No person may become a member of the First State Travelers unless he/she is a member in good standing of the Family Motor Coach Association (FMCA).

Make checks payable to: First State Travelers

Mail to: Jean C. Mower
19 Ruby Dr.
Claymont, DE 19703-1420
(302) 798-3828
jcmower@verizon.net

