

Membership Application

Unit Only Dues year: 20 _____ New Member: () Reinstatement: () Transfer: ()	Membership Application WBCCI, Inc. Dept. I P. O. Box 612 Jackson Center, OH 45334 Headquarter's Copy	Headquarters Only <hr/> (Membership Number Assigned) Packed Mailed: _____
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Application Information: _____ Date: _____

Last Name: _____ First Name: _____ Phone: _____

Spouse's Name: _____

Address: _____
 (Street)

_____ (City) (State/Province) (Zip)

Airstream Trailer: _____
 (Year) (Model) (Size)

Airstream MH: _____
 (Year) (Model) (Size)

Have you ever been a member of any unit of WBCCI? Yes No

If yes, name of Unit: _____

Indicate WBCCI membership number previously assigned to you: _____

Year assigned: _____ I have courtesy parking: Yes No

Payment enclosed for:

- () International Member Dues: \$45.00 + Unit Dues - \$10.00 = \$55.00 (Full Membership)
- () Affiliate Member Dues: \$10.00
- () Member-at-Large Dues: \$70.00

 (WBCCI Applicant Signature)

Unit: Cape Cod Mass Unit

Unit Number: 167

Please mail application to:

Kathy Adams
 Membership Director
 803 E. Pike Street
 Jackson Center, OH 45334-0612
 Phone: 937-596-5211
 Fax: 937-596-5542