



Membership Application
(Please print or type)

FMCA #: _____ (you must be a member of FMCA to join a chapter)

Pilot Name: _____ Co-Pilot Name: _____

e-mail address (pilot): _____

e-mail address (co-pilot): _____

Cellphone (pilot): _____ Cellphone (co-pilot): _____

Summer Street Address: _____

City: _____ St: ____ Zip: _____

Telephone Number: _____

Winter Street Address: _____

City: _____ St: ____ Zip: _____

Telephone Number: _____

Coach Mfg.: _____ Year: _____ Length: ____ # Slides: ____

Every member receives a name badge, what name would you like on the:

Pilot's badge: _____ Co-pilot's badge: _____

Comments: _____

Annual chapter dues are \$10.00 Make check payable to: **Roving Wolverines**

Send application and check to:

W. Lee Brink, Treasurer

17591 Beech Hill Dr.

Grand Haven, MI 49417

e-mail address: wlbrink@att.net