



Membership Application
(Please print or type)

FMCA #: _____

Pilot First Name: _____ Last Name: _____

Co-Pilot First Name: _____ Last Name: _____

e-mail address (pilot): _____ Cellphone: _____

e-mail address (co-pilot): _____ Cellphone: _____

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: _____

First year membership dues are: \$10.00 per person/ \$20 per couple. Make check payable to:
Roving Wolverines

Send application and check to:
Phyllis Thornburg, Treasurer
19660 Old Ridge Rd.
South Bend, IN 46614-5765
pdthornbg@aol.com