

AlfaSeeYas

Membership Application

THE FMCA CHAPTER OF ALFA MOTORHOME OWNERS

Please include your Family Motor Coach Association (FMCA) member number. Mail completed form along with your check for \$20 (\$10 Application Fee plus \$10 Annual Dues) to:

AlfaSeeYas
3590 Roundbottom Road
Cincinnati, OH 45244-3026

Allow four weeks for us to receive and process your application. For additional information e-mail the president, John Bohn, at jfbohn1@mac.com or call him at 858 822-8468 (Pacific Coast time).

PLEASE PRINT CLEARLY

Your Alfa Coach # 7 _ _ _ _ _ (The five digit number beginning with a 7 can be found on the data sheets inside your pantry door.)

Model _____

Pilot First Name _____

Pilot Last Name _____

Co-Pilot First Name _____

Co-Pilot Last Name _____

Address _____

City _____ State _____ Zipcode _____

Email address _____

Home phone _____ Cell Phone _____

Fulltime RV (Circle one) Yes No

Your FMCA Membership number _____

Referred By _____