



Roll'n Rebels, Inc.

Chapter of the Family Motor Coach
Association, Inc.
Chartered on July 15, 1968



Application for Membership

Please Print

FMCA# _____ Date _____

I understand that as a member of the chapter I will abide the its by-laws

Last Name _____ First _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Type of Coach _____ Year _____

Summer Address (If Different) _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Applicants Signature _____

Birth day _____ Spouse Birthday _____

Anniversary date _____

Yearly Dues: \$10.00 per Coach Payable by January 1st

Please include \$10.50 for each name badge for each new member (badges are required). Thank you.

This Application must be kept in the Treasurers Record

Please mail this form with a check payable to the Roll 'N Rebels to the Treasurer at:

Bob Wise, 1903 Cape Bend Avenue, Tampa, FL 33613

E-Mail: bobwiselaw@gmail.com

Cell: 813-690-0818

Amount Paid: _____ For _____ Dues

Date Received: _____ Check #: _____