

Unit Only	Membership Application	Headquarters Only
Dues Year.....20____ New Member.....() Reinstatement.....() Transfer.....()	WBCCI, Inc. Dept. I P. O. Box 612 Jackson Center, OH 45334 Unit Copy	<hr/> (Membership Number Assigned) Packet Mailed: _____

Applicant Information:

Last Name _____ Date: _____

First Name _____ Phone: _____
(Husband) (Wife)

Address: _____
(Street) (City) (State/Province) (Zip Code)

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

Airstream Motor Home: _____
(Year) (Model) (Size) (Serial #)

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 _____

Payment enclosed for:

() **International Membership Dues: \$55.00** **Remitted: \$** _____

() **Unit Membership: \$10.00** **Remitted: \$** _____

(WBCCI Applicant Signature)

Please make checks payable to: Cape Cod Mass. Unit

Please mail to:

Gale Lake, Treasurer
315 Oak Street
Marshfield, MA 02050

Unit Record: Unit: Cape Cod Mass Unit Region – Unit No: 167