

Unit Only	Membership Application	Headquarters Only
Dues Year20_____	WBCCI, Inc. Dept. I P. O. Box 612 Jackson Center, OH 45334 Unit Copy	(Membership Number Assigned)
New Member()		Packet Mailed:_____
Reinstatement()		
Transfer ()		

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: \$65.00** (Includes \$10 Unit dues) **Remitted: \$** _____

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

(WBCCI Applicant Signature)

Please make checks payable to: WBCCI

Please mail to:

Treasurer, Trevor Lake
315 Oak Street
Marshfield, MA 02050

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