

ALPINE COACH EAST *** MEMBERSHIP APPLICATION

Personal Information *PLEASE PRINT*

LAST NAME / FIRST NAME (Primary) _____ DATE OF BIRTH _____

(OPTIONAL) OCCUPATION – IF RETIRED, FORMER OCCUPATION _____

SPOUSE LAST NAME / FIRST NAME _____ DATE OF BIRTH _____

(OPTIONAL) OCCUPATION – IF RETIRED, FORMER OCCUPATION _____

STREET NUMBER; APARTMENT NUMBER, ETC, _____

CITY / STATE / ZIP+4 DIGITS _____

HOME PHONE _____ CELL PHONE _____ FAX _____

E-MAIL ADDRESS: _____

Motorhome Information

COACH MANUFACTURER: _____ COACH MODEL _____ YEAR _____

LICENSE PLATE NUMBER _____ STATE OF COACH REGISTRATION _____ LENGTH in FT _____

ACA MEMBERSHIP NUMBER: _____ FMCA MEMBERSHIP NUMBER: _____

IF REFERRED BY ANOTHER MEMBER, PLEASE LIST HIS/HER NAME (& MEMBER NUMBER IF KNOWN): _____

Payment Information: Initiation Fee: \$50.00

Yearly dues (July 1st to June 30th): \$15.00 (\$7.50 if joining January or later)

Please make a check or M.O. to *Alpine Coach East* and mail with this form to our treasurer:

Bill Fleming; 2817 SE Peru St.; Port St Lucie, FL 34984-6212

Questions: C: 772-971-3779 H: 772-871-6423 or Email: billfleming007@yahoo.com

Code of Ethics

I understand that, upon acceptance of my application, I agree to read and abide by this code, which represents all our endeavors to be good neighbors, careful and responsible coach owners and operators, and good citizens of our communities. I certify that I own at least 33.3% interest in a qualifying coach.

SIGNATURE OF PRIMARY _____ DATE _____

SIGNATURE OF SPOUSE _____ DATE _____

OFFICE USE: DATE APPLICATION RECEIVED: _____ DATE ACCEPTED: _____ DATE NOTIFIED: _____