



Membership Application

Application Date _____

FMCA Membership is "REQUIRED" Please note # _____ or circle "Applied for"

Last Name _____ First Name _____ Mi _____

2nd Member _____ First Name _____ Mi _____

Mailing Address _____

City _____ State _____ Zip _____

Phone(H) _____ (M) _____ (M) _____

Email Address #1 _____ Email 2nd * _____

(Optional) Date of Birth MM/DD #1 _____ #2 _____ Anniversary _____

License # _____ Year _____ Model _____

Month/Year GMC Purchased _____ Total Miles on Coach _____

Please indicate preferences for name and pin fastener type for club name badges

Member #1 _____ Pin _____ Clip _____

Member #2 _____ Pin _____ Clip _____

*Club newsletters and notices are sent via Email.

Please send to Member #1 _____ and/or Member #2 _____

**A Printed newsletter can be mailed at a cost of \$10.00 per year. Yes _____ No _____

Please return completed application with a \$35.00/\$45.00** check payable to GMC Pacific

Cruisers and send to: Joe Weaver, Treasurer 14328 Alicante Road La Mirada, CA 90638

