

**ARCTIC TRAVELERS
ALASKA FMCA**

CHAPTER APPLICATION/DUES



Last Name: _____

FMCA #: _____

His First Name: _____

Date of Birth: _____

Her First Name: _____

Date of Birth: _____

Year Round Mailing Address

Winter Address

Home Phone: _____

Cell Phone: _____

Other Contact #: _____

E-Mail Address: _____

(OPTIONAL INFORMATION)

Anniversary: _____

Number of Grand children: _____

Child 1: _____

Date of Birth: _____

Child 2: _____

Date of Birth: _____

Child 3: _____

Date of Birth: _____

Child 4: _____

Date of Birth: _____

Child 5: _____

Date of Birth: _____

Motor Home(s)

Year: _____

Year: _____

Make: _____

Make: _____

Model: _____

Model: _____

Length: _____

Length: _____

Fuel: _____ # Slide outs: _____

Fuel: _____ # Slide outs: _____

CLUB DUES ARE \$20.00 PER YEAR

ARCTIC TRAVELERS CHAPTER

MAKE CHECKS PAYABLE TO:

MAIL TO:

ARCTIC TRAVELERS CHAPTER
C/O TES GRUBBS
P.O. BOX 4019
PALMER, AK 99645