Membership Application

NAME:_____
SPOUSE:_____
MAILING ADDRESS:_____
CITY/STATE/ZIP:_____
ALTERNATIVE ADDRESS/DATES:_____
CITY/STATE/ZIP:_____
PHONE #:_____ CELL #:_____
EMAIL ADDRESS:_____
(If no e-mail, please state 'no e-mail')
MOTORHOME INFORMATION:
MODEL:_____YEAR:_____ LENGTH:_____
ALLEGRO CLUB MEMBERSHIP NUMBER:_____

YEARLY MEMBERSHIP TO ARIZONA CHAPTER OF THE ALLEGRO CLUB IS $20
Please make your check payable to: ARIZONA ALLEGRO CLUB #148.

Mail to: Linda Matteotti
Secretary AZ Allegros
8015 S. Mill Ave. Tempe, AZ 85284