

New Hampshire Wheelers

Membership Renewal and/or Application

This is a: New Application ____ Regular ____ Renewal ____

Pilot: Last Name _____ First _____

Co-Pilot: Last Name _____ First _____

Home Address: Street: _____

Town: _____ State/Zip _____

Home Phone: _____ Work Phone: _____

Pilot Cell #: _____ Email: _____

Co Pilot Cell #: _____ Email: _____

Rig type: _____ Length: _____ Slide Y/N: ____ Qty: ____

Handicap Parking needed? Yes No _____ Require 30A/50A? _____

Please list anything we need to know: _____ Allergies, medical, etc.

In case of emergency: Contact Name: _____

Telephone: _____ Relationship _____

Pilot: Birth Month ____ Day ____ Co-Pilot: Birth Month ____ Day ____

Anniversary (if applicable): Month ____ Day ____

Please include any information we should have regarding anyone attending campouts with you. Children, dependents, etc.

Mail Application to: Secretary
Jim Bélanger, 32 Plain Rd, Hollis NH 03049