

**Membership Application for
Ozarks Prairie Sooners Chapter of FMCA**



_____ F- _____
Last Name FMCA Number

_____ _____
First Name Spouse/Companion Name

_____ City State Zip
Summer Address

_____ City State Zip
Winter Address

_____ _____
Cell Phone Spouse/Companion Cell Phone

_____ _____
Summer Home Phone Winter Home Phone

_____ _____
Email Spouse/Companion Email

_____ Coach Make and Model

_____ 30 Amps _____ 50 Amps _____
Length # of Slides

Emergency contact(s) & Phone # _____

Mail completed membership form to the address below along with a check for \$45 payable to Ozarks Prairie Sooners. This covers a one-time fee of \$25 for OPS name badges plus annual membership dues of \$20:

Bob Kooy, OPS Treasurer
2035 Chickadee Dr.
Webb City, MO 64870