

## **New Member Application**

## **APPLICANT**

|                                             |                 |                       |           | DOB_  |       | /              |
|---------------------------------------------|-----------------|-----------------------|-----------|-------|-------|----------------|
| Last Name                                   |                 | First Name            | MI        |       |       |                |
| Current Address: #/Street                   |                 | City                  |           | State |       | Zip            |
| Mobile Phone:                               | Email Address   |                       |           |       |       |                |
| WBCCI # How long a member?                  |                 | Home Airstream Club/U | Jnit Name |       | How   | long a member? |
| What type/year Airstream do you own?        |                 |                       |           |       |       |                |
| Primary Occupation over the past 25 years _ |                 |                       |           |       |       |                |
| Community Volunteer Experience in the past  | five (5) years: |                       |           |       |       |                |
| Agency                                      | City/State      | )                     | our role  |       | Dates | S              |
| #1                                          |                 |                       |           |       |       |                |
| #2                                          |                 |                       |           |       |       |                |
| #3                                          |                 |                       |           |       |       |                |
| SPOUSE/PARTNER                              |                 |                       |           |       |       |                |
|                                             |                 |                       |           | DOB   | _/    | _/             |
| Last Name                                   |                 | First Name            | MI        |       |       |                |
| Current Address: Street                     |                 | City                  |           | State |       | Zip            |
| Mobile Phone:                               | Email Address   |                       |           |       |       |                |
| WBCCI # How long a member?                  |                 | Home Airstream Club/U | Jnit Name |       | How   | long a member? |
| What type/year Airstream do you own?        |                 |                       |           |       |       |                |
| Primary Occupation over the past 25 years   |                 |                       |           |       |       |                |

| Community Volunteer Experier    | nce in the past five (5) years:        |                     |         |
|---------------------------------|----------------------------------------|---------------------|---------|
| Agency                          | City/State                             | Your role           | Dates   |
| #1                              |                                        |                     |         |
| #2                              |                                        |                     |         |
|                                 |                                        |                     |         |
| EMERGENCY CONTACT               |                                        |                     |         |
| Name                            |                                        | Relationship to You | Phone # |
| Address                         | City/State                             | City/State Zip Code |         |
| REFERENCES                      |                                        |                     |         |
| Name                            | City/State                             | Relationship to You | Phone # |
| #1                              |                                        |                     |         |
| #2                              |                                        |                     |         |
|                                 |                                        |                     |         |
|                                 |                                        |                     |         |
| GENERAL                         |                                        |                     |         |
| What caravans and rallies have  | you been able to join?                 |                     |         |
|                                 |                                        |                     |         |
|                                 |                                        |                     |         |
| Have you held a leadership role | e in a caravan, rally, or club? If yes | s, please describe: |         |
|                                 |                                        | ,, p. case a coo    |         |
|                                 |                                        |                     |         |
|                                 |                                        |                     |         |
| How did you hear about NTAC     | ?                                      |                     |         |
|                                 |                                        |                     |         |
|                                 |                                        |                     |         |
| very do you want to live at NIA | AC?                                    |                     |         |
|                                 |                                        |                     |         |
|                                 |                                        |                     |         |

| What skills/skill sets would you bring to NTAC?                                                                                                                                            |                                              |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|--|--|--|--|
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
| List anyone you know who lives at NTAC.                                                                                                                                                    |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
| Add any additional personal information you'd like us to cons                                                                                                                              | ider in your membership application process  |  |  |  |  |  |
| Add any additional personal information you d like us to cons                                                                                                                              | ider in your membership application process. |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
| ATTESTATION                                                                                                                                                                                |                                              |  |  |  |  |  |
| ☐ I/We affirm I/we are 45 years of age or older, (Driver's Lic                                                                                                                             | ense or other photo identification).         |  |  |  |  |  |
| ☐ I/We are the sole owner(s) of an Airstream RV (current re                                                                                                                                | gistration receipt).                         |  |  |  |  |  |
| <ul><li>I/We am/are Member(s) in Good Standing with WBCCI (current Directory or dues receipt).</li><li>I/We have read and understand the NTAC Frequently Asked Questions (FAQs).</li></ul> |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
|                                                                                                                                                                                            |                                              |  |  |  |  |  |
| Applicant Signature                                                                                                                                                                        | Date                                         |  |  |  |  |  |
| Spouse/Partner Signature                                                                                                                                                                   | <br>Date                                     |  |  |  |  |  |