



RVING WOMEN MEMBERSHIP FORM

Recreation, Support, Networking and Education for Women RVers
Visit our website at www.rvingwomen.org

- NEW MEMBERSHIP
- RENEWAL MEMBERSHIP

PLEASE PRINT

Name _____ Membership # _____ Date of Birth _____

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Mailing Address _____

City _____ State/Province _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Please initial: _____ I understand that I am not to use the Rving Women directory or magazine for commercial purposes or for financial gain, nor permit others to do so. I also understand I am not to discard the directory, but destroy it.

How did you hear about RVW? RVW magazine RVW brochure Internet Dealer RV show
 RVW Member (name and #) _____
 Other _____

Please indicate services you can provide: Tour of your area Assistance Information Overnight stay

I am interested in more information regarding serving with one or more of the following national RVW committees:
 Bylaws Finance Programs Member Services Development/Fundraising
 Public Relations and Marketing Policies and Procedures Elections

I am a member of _____ Chapter as my primary RVW chapter. Not a member of a chapter

I own or share in the use of a Class A Class B Class C Trailer 5th wheel Other RV None
I travel Full time 9-12 months 6-9 months 3-6 months Less than 3 months Sporadically

I am Retired Working part time Working full time

My work experience includes _____

RVING WOMEN DUES SCHEDULE FOR NEW AND RENEWAL MEMBERSHIPS

New Member Processing Fee

A one-time only \$10 fee for new memberships \$ _____

Individual Membership Dues

One Member/One Year: \$45.00 \$ _____

One Member/Two Years: \$80.00 \$ _____

One Member/Three Years: \$120.00 \$ _____

Household Membership Dues *

Two Members/One Year: \$70.00 \$ _____

Two Members/Two Years: \$130.00 \$ _____

Two Members/Three Years: \$180.00 \$ _____

Donation to RVW Reserve Fund ** \$ _____

TOTAL AMOUNT SUBMITTED (U.S. funds only) \$ _____

Membership renewals are due on the anniversary date of your current membership application. Renewals not received within 60 days of the anniversary date will be considered a new membership.

* Household membership dues reflect the receipt of only one magazine and one directory per household.

Check or M/O enclosed (payable to RVW)

Check # _____

Charge my MasterCard VISA

Card Number _____

Expiration Date _____ V Code* _____

Signature _____

*3-digit number on the back of the card near the signature area

** I would like to make this donation to the RVW Reserve Fund to support future growth of the organization. I know that my donation is NOT tax deductible.

Please mail or fax this form with your dues to: RVW, P.O. Box 1940, Apache Junction AZ 85217-1940
Phones: (888) 557-8464 or (480) 671-6226 • Fax: (480) 671-6230 • Email: rvingwomen@juno.com