

NEW MEMBER APPLICATION North Texas Airstream Community 254-582-5566

Complete the following: (Please print)

Applicant				DOB / /
Last Nan	ne	First Name	MI	Month Day Year
Phone #		Email address		
Spouse/Partner				DOB//
Last Nan		First Name	MI	Month Day Year
Spouse/Partner Phone	e #	Ema	il address	
Address				
Street		City		State Zip
Emergency Contact				
Na	me			Phone #
Emergency Contact Address				
Street		City		State Zip
WBCCI Number		How lo	ng a member	
I/We acknowledge we	have read the	NTAC Bylaws I	Rules Regulation	s and Policies and have
read and understand t	hem.			
Applicant Signature	Date		ouse/Partner Signature	Date
In arder to become a	mambar of NI	'AC all applica	ats must be 15 ve	oars of ago or older. Muy
show proof of age, i.e.				ears of age or older; Mus
In order to become a		•		
Airstream RV. Must sh	ow Current Re	gistration Rece	eipt.	
		= =		nber in good standing
with Wally Byam Cara		•	I). Must be liste	d in current WBCCI
Directory or present a	current dues f	eceipt.		
Applicant Signature	Date		ouse/Partner Signature	Date