

HIGH PLAINS ROAMERS
APPLICATION FOR MEMBERSHIP:

NAME: _____ SPOUSE: _____ DATE _____

Address _____ Telephone _____

City _____ State _____ ZIP _____

WIT # _____ E-Mail Address _____

HIS BIRTHDAY _____ HER BIRTHDAY _____

ANNIVERSARY _____

Year and Type of Unit _____

FEES:

High Plains Roamers: Annual Dues: \$10.00

TOTAL: \$ _____

Make check payable to High Plains Roamers and send to

High Plains Roamers
C/O Richard Martin
PO Box 557
Minneola, KS 67865