

Please add any missing information and correct as necessary. Thanks.

[www.oregonrvingwomen.org](http://www.oregonrvingwomen.org)

**Oregon Chapter of Rving Women  
2017 Dues and/or Membership**

(Membership year is January 1 – December 31)

Name #1: \_\_\_\_\_ Birthday (Mo & Day) \_\_\_\_\_

Name #2 \_\_\_\_\_ Birthday (Mo & Day) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_

RVW membership expires: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email Address For Name 1: \_\_\_\_\_

Email Address For Name 2: \_\_\_\_\_

Type of RV \* \_\_\_\_\_ RV Length: \_\_\_\_\_

RV License #: \_\_\_\_\_ How many slides? \_\_\_\_\_

Towed or Towing Vehicle: \_\_\_\_\_ License # for Vehicle: \_\_\_\_\_

Dog 1 Type and weight \_\_\_\_\_ Dog 2 Type and Weight \_\_\_\_\_ Dog 3 Type and Weight \_\_\_\_\_

\* Class - not brand name – I need: A,B,C, 5<sup>th</sup> wheel, travel trailer, van, truck camper, or tent

**Oregon Chapter of Rving Women Dues**

Annual Dues are \$10.00 per person.

Membership Dues (\$10.00 per person)	\$ _____
\$5.00 New membership processing fee: (This is a one time fee for each new member)	\$ _____
Donation to ORVW (not tax deductible)	\$ _____
Total (US funds only)	\$ _____

Please send this form with your payment (**Checks payable to ORVW**) and corrections to:

June Willoughby, 1101 Fulton Ave, Coos Bay, OR 97420  
Phone: 541-888-9634, email: [rthrbgolfn@gmail.com](mailto:rthrbgolfn@gmail.com)