

RAMAC APPLICATION ~ 2018

\_\_\_\_\_  
Today date

\_\_\_\_\_  
Applicant's name

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of birth MM/DD/YY

\_\_\_\_\_  
AMA Number

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Work phone number

\_\_\_\_\_  
Cell phone number

\_\_\_\_\_  
E-Mail

DUES \$40.00 per year ~ prorated INITIAL FEE \$20.00 MAIL CHECK TO: R.A.M.A.C.

P.O. BOX 943

SHASTA LAKE, CA. 96099

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For Secretary/Treasurer:

Rec'd Dues \_\_\_\_\_ Club Card \_\_\_\_\_ Key \_\_\_\_\_ Name Tag \_\_\_\_\_ Club Roster \_\_\_\_\_ Info Booklet \_\_\_\_\_ AMA Roster \_\_\_\_\_

Newsletter Editor \_\_\_\_\_ RAMAC CompuServe Directory \_\_\_\_\_

Revised 2/12/18