



Rogue Elks RV Club Membership Form

Date: _____

Last Name: _____ First Names: _____

Address: _____

Phone: (His) _____ (Hers) _____

Mobile: (His) _____ (Hers) _____

Email: (His) _____ (Hers) _____

Rig: Make _____

Model: _____

Length: _____

Names as you wish them to appear on your name tag:

(His) _____ (Hers) _____

Dates of birth (month/day/year if you wish):

(His) _____ (Hers) _____

Date of anniversary: _____

Return to: Secretary or Wagonmaster, Rogue Elks RV Club
BPOE, 202 N. Central, Medford, OR 97501