



Male Tent and Trailer Campers
 P. O. Box 530104, Livonia, MI 48153
 734-464-2924 info@mttc.net
 http://www.mttc.net/

OFFICE
 USE

Record Updated	<input type="checkbox"/>
Packet Mailed or PW Confirmed	<input type="checkbox"/>

MEMBERSHIP FORM

1. PRIMARY MEMBER

First Name Last Name Email Address

Address City State ZIP Code

Home Phone Emergency Phone Cell Phone Yahoo! ID if you select E Membership

2. CO-MEMBER

First Name Last Name Email Address

Emergency Phone Cell Phone Yahoo! ID if you select E Membership

3. ROSTER

The Roster, which is given ONLY to members, includes all members' names. By marking any of the boxes below, you give permission to include additional information from the Primary Member's

- E Mail Address Home Phone # Cell Phone # Mailing Address

4. YOUR CAMPSITE

Check/fill in all pertinent boxes/information.

- Tent Truck Camper Van Pop Up Camper A/C Electrical Heat
- Travel Trailer 5th Wheel Motor Home I/We travel with our pet(s).
- Length of Travel Trailer / 5th Wheel / Motor Home

5. WEB SITE

If you wish to access the "members' only" area of the web site you must choose a username and password. Couples use one username and password. Note the restrictions for usernames.

Username (no spaces, no caps / letters and numbers only) Password (no restrictions on characters / case sensitive)

6. TYPE

- Standard Membership (communication by US Mail)
- "E" Membership (communication by e mail and web site) You will be added to the Yahoo Group.

7. WAIVER AND AGREEMENTS

By completing and signing this form, I/we assume full responsibility for my/our actions, the behavior of my/our pet(s) and any personally invited guests which may lead to damages of personal or public property, and do not in any way hold the membership or executive seat of MTTC liable.

I/we agree to keep password information confidential and will immediately inform the leadership if I/we believe the password has been compromised. I/We understand that sharing password information with anyone else is cause for immediate dismissal from the organization.

Primary Member _____ Date _____

Co-Member _____

Unsigned forms will not be processed and will be returned.