

Become A Member!



Join The RPCA

**-Indicates required fields for membership*

Membership term runs Jan 1 – Dec 31,

***First Name:** _____

***Last Name:** _____

If membership is for a corporation or organization please list name of entity:

***Street Address:** _____

Apt/Suite: _____ ***City:** _____

***State:** _____ ***Zip Code:** _____ **Country:** _____

***Home Phone:** (____)-_____

Office Phone (____)-_____

Email Address: _____

Website (if company or organization only):

www. _____

***Membership Type** (please check at least 1):

Individual (\$45.00) Corporation (\$45.00) Organization (\$45.00)

Yes I would like to be a member of the Cab Unit Preservation Society (\$10.00)

International members please add \$5.00

Total \$ _____ + _____ (cups) = \$ _____

Please do not publish my membership information in the RPCA membership roster.

*I would like to pay for my membership by check credit card

If paying by credit card please provide the following information:

Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: _____

Credit Card Billing Address: Check if same as membership address

First Name: _____

Last Name: _____

Street Address: _____

City: _____ **State:** _____

Zip: _____

We welcome your membership and please mail your membership form and payment to the RPCA Treasurer:

RPCA-Treasurer
Att: Stanlee Weller
1621 Green Acres Dr.
Kokomo, IN
46901
Office: 765-753-3010
Fax: 765-753-3024