Print this page, complete the form, and send with payment to:

RMOC c/o Brooke Mann PO Box 270616 Louisville CO 80027-5010

- Make your check or money order payable to "RMOC"; do not mail cash.
- If you haven't received an email confirmation within one week of your membership payment, please contact the Membership Coordinator (brooke@rmoc.org).

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RMOC Membership Form				RMOC Membership Form			
Today's Date:				Today's Date			
Member Type:	New	Renewal		Member Type	New	Renewal	
Name:				Name			
E-Punch Number: (if applicable)				E-Punch Number (if applicable)			
Phone Number:				Phone Number			
Mailing Address:				Mailing Address			
Email Address:				Email Address			
	Add me to the RMOC e-mail list				☐Add me to the RMOC e-mail list		
Membership Type:	Individual -	☐\$12 / one year	☐\$20 / two years	Membership Type:	Individual -	□\$12 / one year	□ \$20 / two years
	Family -	□\$18 / one year	□\$30 / two years		Family -	□\$18 / one year	□\$30 / two years
For Family Membership, List Names of Other Family Members:			E-Punch Number	For Family Membership List Names of Other Family Members	r		E-Punch Number

Rev 1/23/2015 Rev 1/23/2015