## **New Hampshire Wheelers**

## Membership Renewal and/or Application

Home Phone: Work Phone: Pilot Cell #: Email: Co Pilot Cell #: Email: Rig type: Length: Slide Y/N: Qty: Handicap Parking needed? Yes No Require 30A/50A? Please list anything we need to know: Allergies, medical, etc.  In case of emergency: Contact Name:	This is a: New Application	Regular Renewal	
Home Address: Street: State/Zip  Home Phone: Work Phone:  Pilot Cell #: Email:  Co Pilot Cell #: Email:  Rig type: Length: Slide Y/N: Qty:  Handicap Parking needed? Yes No Require 30A/50A?  Please list anything we need to know: Allergies, medical, etc.  In case of emergency: Contact Name:  Telephone: Relationship  Pilot: Birth Month Day Co-Pilot: Birth Month Day  Anniversary (if applicable): Month Day  Please include any information we should have regarding anyone attending	Pilot: Last Name	First	
Town: State/Zip  Home Phone: Work Phone:  Pilot Cell #: Email:  Co Pilot Cell #: Email:  Rig type: Length: Slide Y/N: Qty:  Handicap Parking needed? Yes No Require 30A/50A?  Please list anything we need to know: Allergies, medical, etc.  In case of emergency: Contact Name:  Telephone: Relationship  Pilot: Birth Month Day Co-Pilot: Birth Month Day  Anniversary (if applicable): Month Day  Please include any information we should have regarding anyone attending	Co-Pilot: Last Name	First	
Home Phone: Work Phone: Pilot Cell #: Email: Email: Co Pilot Cell #: Email: Slide Y/N: Qty: Handicap Parking needed? Yes No Require 30A/50A? Please list anything we need to know: Allergies, medical, etc In case of emergency: Contact Name: Relationship Pilot: Birth Month Day Co-Pilot: Birth Month Day Anniversary (if applicable): Month Day Please include any information we should have regarding anyone attending	Home Address: Street:		
Pilot Cell #: Email: Email: Email:    Rig type: Length: Slide Y/N: Qty:    Handicap Parking needed? Yes No Require 30A/50A?    Please list anything we need to know: Allergies, medical, etc.    In case of emergency: Contact Name:    Telephone: Relationship    Pilot: Birth Month Day Co-Pilot: Birth Month Day    Anniversary (if applicable): Month Day    Please include any information we should have regarding anyone attending	Town:	State/Zip	
Co Pilot Cell #: Email: Slide Y/N: Qty: Handicap Parking needed? Yes No Require 30A/50A? Please list anything we need to know: Allergies, medical, etc In case of emergency: Contact Name: Relationship Pilot: Birth Month Day Co-Pilot: Birth Month Day Anniversary (if applicable): Month Day Please include any information we should have regarding anyone attending	Home Phone:	Work Phone:	
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Anniversary (if applicable): Month Day  Please include any information we should have regarding anyone attending	Telephone: Relationship		
Please include any information we should have regarding anyone attending	Pilot: Birth Month Day Co-Pilot: Birth Month Day		
	Anniversary (if applicable): Month Day		

Mail Application to: Secretary Jim Bélanger, 32 Plain Rd, Hollis NH 03049