

RMC Memberships

First Name: _____

Last Name: _____

____ Full Membership \$35

____ Associate Membership \$20

____ Student Membership \$5

Phone Number: ____ - ____ - ____

Email Address: _____@_____ . _____

Mailing Address:

Method of Payment:

___ CASH

___ CHECK

___ CREDIT CARD/PAYPAL

Make check payable to RMCNNV and mail it to c/o Ray Rocha, 2131 Meritage Ct., Sparks, NV 89434

For Credit Card Go This LINK: [PAY BY CREDIT CARD LINK](#)

-----Admin-----

Admin: Membership for Year 20___ Payment Verified by_____