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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).

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

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