

Print this form and mail to: Ridgway Ouray Community Council (ROCC)
Post Office Box 1077
Ridgway, CO 81432

ROCC Membership Form

Name: _____

Additional Name: _____

Phone: _____ Email: _____

Additional Phone: _____ Additional Email: _____

Address: _____

City: _____ Zip: _____

- \$10 Student
- \$35 Individual
- \$55 Family
- \$25 Individual - limited income
- \$35 Family - limited income
- \$100 Friend, Business or Organization
- \$Other

I want to help even more by giving an additional gift of:

\$_____ to ROCC

\$_____ to WCC

Payment: Check made payable to ROCC

Credit card Visa Mastercard Discover AmEx

Card number: _____ - _____ - _____ - _____

Expiration date: _____

Cardholder's signature _____

Additional note: