

Rimrock Cabin Owners Association &

National Forest Homeowners / Washington State Forest Homeowners Association

TRACT MEMBERSHIP RENEWAL FORM

ANDY CREEK, BEAR COVE, CHELMINAR/GROTTO, HORSESHOE COVE & SILVER COVE

DUE June 30, 2023

Annual regular dues of \$60.00 provide membership in these three organizations-all working in your interests.

We encourage you to also provide an associate membership in RCOA and NFH for Family members or anyone who enjoys using your cabin. RCOA associate membership is \$10.00 and NFH associate membership is \$35.00 or both for \$45.00. Please list any associate members on the back of this form.

Please fill out the form below now and submit to the address listed on the form. Your updated contact information is vital so that we can continue to communicate with you regarding the latest cabin information.

Tract Treasure please submit your membership dues of \$60.00 per Cabin. Thank you

Andy Creek \$60 X 73 Cabins = \$4,380 Bear Cove \$60 X 50= \$3,000 Cheliminar-Grotto \$60 X 35 =\$2,040 HorseShoe Cove \$60 X 19 = \$1,140

Silver Cove $$60 \times 21 = $1,260$

Other amount: # of Cabins _____X \$60 = \$ _____

TOTAL ENCLOSED \$ _____

Date:	<u></u>	
Tract Name:		
Tract Representative:		
Phone #:	DIEACE DDINIT	
Email:		
Treasurer :		
Phone #:		
Email:		

Associate:

Associate is for other family members or friends who should be kept informed about actions affecting the cabins.

Mail payments to:

Rimrock Cabin Owners Association 141 Scoggin Ln Yakima, WA 98908

QUESTIONS?

Call (509)406-4971 or email president@rcoawa.org

This information will be shared with the Yakima County Sheriff's office for use in emergencies.

ASSOCIATE MEMBERSHIP APPLICATION & RENEWAL FORM

Associates are often co-owners, friends or other family members that should be kept informed about actions affecting the cabins. There are no limits on the number of associates you can have for your cabin. Use a seperate sheet of paper if needed.

Associate #1 Name:				
Mailing Address:				
City / State / Zip code:	PLEASE PRINT			
Phone #:		(Best way to contact you)		
Email:				
Associate #2 Name:				
Mailing Address:	PLEASE PRINT			
City / State / Zip code:	ILLAGETRINI			
Phone #:		(Best way to contact you)		
Email:				
Associate #3 Name:				
Mailing Address:	DIFACE DOINT			
City / State / Zip code:	PLEASE PRINT			
		(Best way to contact you)		
Email:				
VOLUNTEER OPPORTUNITIES				
I am interested in serving as a Board Member.				
I am interested in helping with the website and other IT matters.				