

## Application for Membership

Nam	ne:			
Addı	ress:			
City:	·	State: <sub>.</sub>		_ Zip:
Pho	ne (H):		_ (C):	
Email Address:				
Date of Application:				
If Re	enewal, Membership #:			_
	Please Check one:			
	\$30.00/year - Regular Member (Ability to vote & work, insured, in the Hangar)			
\$25.00/year - Associate Member (Non-voting Supporter)				
	\$15.00/year - Student Mo	ember (A	bility to work,	insured, in the Hangar)
Plea	se note any additional informa	tion such	as: special k	nowledge and skills, pilot

Please print and complete the form and sent it with your check made payable to:

experience, sales, promotional or fundraising experience, etc.