



MEMBERSHIP APPLICATION

DUES: \$12.00 Annually – pro rated based on month joined

D.O.A.I. #: _____

Pilot's Name:

Co-Pilot's Name:

Street Address: _____

City: _____

State: _____ **Zip:** _____ **Home Telephone:** () _____

Pilot's Cell: () _____ **Co-Pilot's Cell:** () _____

Pilot's email: _____

Co-Pilot's email: _____

Birthdays (Optional): Pilot's _____ **Co-Pilot's** _____

Anniversary (Optional): _____

Dues Enclosed (check box): \$12 or \$___ for ___ months (\$1 per month)

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