

# ALPINE AERO SQUADRON

NAME \_\_\_\_\_ AMA# \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

If Under 17 yrs of age signature of  
Parent or Guardian.

E-MAIL: \_\_\_\_\_

MEMBERSHIP FEES	\$35.00	(NEW MEMBERSHIP ONLY)
ANNUAL DUES	\$60.00	(ALL MEMBERS)
TOTAL	_____	

Board Approval ( 4 signatures Required )

Title: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Signature: \_\_\_\_\_

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