

107th Aero Squadron Membership Application

Year: 20__

____ Open Membership (19 years and older) \$40.00 per person

____ Family Membership (Spouse and/or family member(s) less than 19) \$45.00

Date: _____

Name: _____

Address: _____

City: _____ State: ____ Zip _____ - _____

AMA Number: _____

Phone: (____) _____ - _____

Birth Date: _____

Occupation: _____

Email Address: _____

Radio Frequencies: ☐ 2.4 GHz ☐ 72 MHz

Family Members (For family membership only)

Name: _____ AMA Number: _____ Birthday: _____

Name: _____ AMA Number: _____ Birthday: _____

Name: _____ AMA Number: _____ Birthday: _____

Name: _____ AMA Number: _____ Birthday: _____

Mail Payment to:
107th Aero Squadron
c/o Ronald King
319 S. Riverside Dr
Villa Park, IL. 60181

Make checks payable to: **107th Aero Squadron**

Internal Use Only

Member User ID: _____

Date Received: _____

Visit us on the web at: <http://www.107aerosquadron.com>