

Membership Year \_\_\_\_\_



Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

AMA#: \_\_\_\_\_ Transmitter: 2.4 \_\_\_\_\_ 72MHZ \_\_\_\_\_

( Please send a copy of your AMA card with your application ) ( Membership dues are due by 3/31 of each Year )

**Please Check One of the Following:**

<input type="checkbox"/> \$60.00-Full Membership-New (includes \$10.00 initiation fee)	<input type="checkbox"/> FREE-Junior Membership-16 years old and younger
<input type="checkbox"/> \$50.00-Full Membership-Renewal	<input type="checkbox"/> Donations-Non Flying \$ _____

Parent / Guardian Signature \_\_\_\_\_

( Required if applicant is under 17 years old )

Make checks payable to Michiana Skyraiders, INC.

Mail To: Michiana Skyraiders, Inc., c/o Luis R Espinosa 4912 N 200 E LaPorte IN 46350

OFFICE USE ONLY:	Permit Issued <input type="checkbox"/>	Paid by Check <input type="checkbox"/>	Paid By Cash <input type="checkbox"/>	Comments
---------------------	---	---	--	----------