



Amount \$ _____ Check # _____

Renewal _____

New Membership _____

Markham Park Pilots Association (MPPA)

Membership Application/ Renewal Form 2020

Web Site: www.mppapilots.com

E-mail: MPPApilots@gmail.com

Facebook page: <https://www.facebook.com/MarkhamParkPilotsAssociation>

Name: _____ Date: _____
Address: _____ AMA # _____
City/State: _____ Zip Code: _____
Cellular Phone: _____ #2 Phone: _____
E-mail _____

Membership Type (Check as applicable):

Open Membership (18 Years or Older):	\$30.00
Family Membership:	\$60.00
Youth Membership: Under 18 (with adult member)	Free
Associate Membership (Non Flying) Per year	\$10.00

Make Checks Payable To: MPPA-Inc.

Mail to: MPPA-Inc. 5198 SW 87th Ave. Cooper City FL 33328

For Multiple Memberships: List First and Last Name and AMA No.

1) _____ 2) _____ 3) _____

I, _____, do hereby agree to abide by all safety rules and regulations of the Markham Park Airfield and by the By-Laws of the Markham Park Pilots Association. Failure to do so may result in my membership being revoked. I also understand that all fees are non-refundable. **I certify that I am a current member in good standing of the Academy of Model Aeronautics (AMA).**

Signature:

(If you are a Junior Member, Parent/Guardian must also sign)

President	Beverly Jo Cole	bevjcole@aol.col	954-336-5752
Vice Pres:	James Ray		
Secretary/Treasurer:	Cheri Storer	MPPApilots@gmail.com	954-240-9143
Membership:	John Logan		

MEMBERSHIP CAN NOW BE PAID ONLINE ON OUR WEBSITE FOR YOUR CONVENIENCE
MPPApilots.com