

# DOVE MOUNTAIN e-FLYERS # \_\_\_\_\_

## Membership Application

Name: \_\_\_\_\_ AMA # \_\_\_\_\_  
(please print)

All applicants (and flying members) must have a current AMA or MACC (Canadian) membership that provides insurance coverage while operating aircraft.

AZ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

Category and Dues: (check one)

\_\_\_ Junior (under 19) \$5.00

\_\_\_ Senior (19 and over) \$20.00

\_\_\_ Associate (no flying privileges) -----

Amount Enclosed: \$ \_\_\_\_\_

Flying Family Members: \_\_\_\_\_ AMA# \_\_\_\_\_  
(name)

\_\_\_\_\_ AMA# \_\_\_\_\_

Radio Channel #'s in use: \_\_\_\_\_

I agree to abide by the Dove mountain e-Flyers Safety Rules and the AMA Safety Code where applicable. I also agree to keep my AMA/MACC Membership current at all times.

- Yes Indicate here if it is ok to publish your name, address, phone/cell numbers and e-mail address for distribution only to other club members.
- No
- Other (specify) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Make checks payable to: John Wolfe, Treasurer*

*More Information: P. J. June, President, ph: 520-881-1811,  
e-mail: pjjune@pjjune.net*