

Membership Application

CHOOSE YOUR MEMBERSHIP

Fees are per household, payable at time of application and terminated on the month and date of postmark for the selected term.

TERM	FEE	(select one)
1-Year Membership	\$50	<input type="checkbox"/>
2-Year Membership	\$85	<input type="checkbox"/>
5-Year Membership	\$125	<input type="checkbox"/>

Please fill out the following information and return this form with your membership payment.

Primary Member Information

Member Name: _____

Social Security Number: _____

Date of Birth: Month ____ Day ____ Year ____ Male or Female?

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

(if different from above)

City: _____ State: _____ Zip: _____

Insurance Carrier: _____



Other Household Family Members

Full Name: _____

Date of Birth: Month ____ Day ____ Year ____ Male or Female?

Relationship to Primary Member: _____

Full Name: _____

Date of Birth: Month ____ Day ____ Year ____ Male or Female?

Relationship to Primary Member: _____

Full Name: _____

Date of Birth: Month ____ Day ____ Year ____ Male or Female?

Relationship to Primary Member: _____

Full Name: _____

Date of Birth: Month ____ Day ____ Year ____ Male or Female?

Relationship to Primary Member: _____

To add additional household family members, please attach a sheet of paper to this application and list each person's full name, date of birth, sex and relationship to the primary member.

Payment Information

Please choose one:

Check or money order payable to First Flight is enclosed

Please bill my credit card

Card Type: _____

Card Number: _____ Exp _____

Name on Card: _____

Billing Address _____

City: _____ State: _____ Zip Code: _____

Your Signature: _____ Date: _____

Corporate Discount Code:

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