

ROGUE VALLEY FLYERS

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City, State & Zip: _____

Phone No: _____

Email: _____

(email is needed to receive newsletter & pertinent information - no spam)

AMA No: _____

DUES ARE AS FOLLOWS:

- Open Membership \$30.00
- Family Membership \$30.00 (for the first member) \$ 2.00 (for each additional member)
- Youth Membership \$ 2.00
- Associate Membership \$30.00 (for our non-flyer friends, no insurance is required)
- Life Membership N/A (Honorary)

Please send a copy of your current AMA card along with the applicable payment amount to:

Rogue Valley Flyers

Attn: Membership

PO Box 726

Grants Pass, OR 97528-0063

Upon verification of your AMA insurance, a Rogue Valley Flyers membership card and new member handbook will be mailed to you.

Thank you.