



AMA Charter Club # 1167

MEMBERSHIP APPLICATION FORM

Name: _____

Spouse's Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail _____

AMA Number: _____ Birth Date: _____

Other Club Memberships: _____ Referred by : _____

Send Check & Photo Copy of AMA Card to:
Astrowings (Check Payable to Astrowings)
c/o Jim Mikkelson – Treasurer
8083 Sherman Court, Cedarburg, WI 53012
e-mail: jim@mikkelsonbuilders.com

CIRCLE FEES THAT APPLY

- Initiation Fee: \$ 50.00
- Senior Full – Paper Newsletter: \$ 60.00 (18 yrs. or older; AMA membership required for flying privileges)
- Senior Full – e-mail Newsletter: \$ 50.00 (18 yrs. or older; AMA membership required for flying privileges)
- Family Membership: \$ FREE (Spouse and/or Children of Members Under 18 yrs.; AMA membership required for flying privileges)
- Junior Full: \$ 5.00 (Under 18 yrs.; AMA membership required for flying privileges)

TOTAL FEES: \$ _____

REV. 03/30/2012

Please make Checks Payable to "Astrowings"