## **Membership Application**



IMAA 89 - AMA 1343

Name:	Name of Spouse:			
Street Address:				
City:		_State:	_ Zip:	
Phone:	Date	of Birth:		
email address:				
AMA Number:	(current membership required)			
Annual Membership Dues \$100.00 (\$50 after July 1st)				<b>\$</b>
Spouse or Social member \$10.00			<u> </u>	
One Time Runway Fee \$150. Applicable only to regular members. May be paid in three yearly installments of \$50/year.				
Total				<b></b> \$
	mbership application, y Flying Site Safety Rul		-	
~ 11.1	ntion, you will need to s	•	-	
http://cicondors.com.	ferenced above is avail A copy of the Accept vided with this applicat	tance of Term		
	e the membership appli hip chairman to schedu lors.			
of the required orienta	ess a NEW membershi ation briefing. For mor- odgson via email rhodg	e information	, contact l	
For Membership Chai	rman use only:	T		