



MEMBER INFORMATION FORM

MEMBERSHIP TYPE: **INDIVIDUAL (\$50)** ***FAMILY (\$60)** * List all family memberships below.

First NAME Last NAME

ADDRESS: City: State: ZIP:

PHONES Home: Cell: Work:

E-mail WEIGHT: lbs DOB:

(E-Mail is our primary form of communication- PLEASE PRINT CLEARLY)

Required

Required mm/dd/yyyy

NAME EXACTLY AS IT APPEARS ON PASSPORT:

* PASSPORT NUMBER:

*PASSPORT EXPIRATION DATE:

*Passport number and passport expiration will not be published in the membership list on the chapter website

I have signed and enclosed/mailed the Flying Samaritan's Waiver and Release of Liability. Waiver
Note: Waiver must be witnessed.

In case of Emergency , please call:

Name: Relationship: Phone:

Please indicate your Sam's Specialty (ies):

Main Specialty:

Second Specialty:

Pilots: Please complete also the on-line pilot information form.

Licensed Professionals (Medical, Dental, Chiropractic, Optical, Pharmacist, etc): (Required): You must e-mail/mail a clear copy of your current license. Please also complete the on-line CV form.

Interpreters: Can you speak Spanish fluently enough to serve as an interpreter for Medical, Dental or Chiropractic professionals?

Spanish

PLEASE ADD ALL OF YOUR ELIGIBLE FAMILY MEMBERS FOR AN ADDITIONAL \$10 TOTAL

NOTE: A family member must be at least 18 years of age and reside at the same residence as the primary member.

1. Name on Passport: Weight: DOB: **Specialty**

E-mail Passport # Passport Expiration:

2. Name on Passport: Weight: DOB: **Specialty**

E-mail Passport # Passport Expiration:

3. Name on Passport: Weight: DOB: **Specialty**

E-mail Passport # Passport Expiration:

Primary Member Signature:
(Type your name)

Date: