SONORAN DESERT FLYERS
MEMBERSHIP APPLICATION

☐ New
☐ Renewal

Date: _____/_____/_____
(mm/dd/yyyy)

Name: _____ **AMA #:** _____

Spouse: _____ **AMA #:** _____

Additional Family Member(s):

_____ **AMA #:** _____
_____ **AMA #:** _____
_____ **AMA #:** _____
_____ **AMA #:** _____

Address:

Winter	*Summer*
_____	_____
_____	_____
_____	_____

Same Address as other member ☐ Name: _____

Telephone Number(s):

Home:	_____	_____
Moble:	_____	_____

EMAIL Address:

_____ _____

Transmitter Channel Number(s):
Spread Spectrum: ☐ FM/Digital Channels: _____
(this is optional but useful for buyers of new radio equipment to avoid interference)

Dues Amount Enclosed: _____

Note: Refer to current dues schedule before sending the form. Fill out application and mail with dues check made out to Sonoran Desert Flyers:

SONORAN DESERT FLIERS
PO BOX 35901
TUCSON, AZ 85740-5901

Funds must be received and current AMA membership verified before membership will be activated. Rev5 (web)