

Membership Form

Please Provide the Following Information:

Member Name: _____ Spouse: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone - Home: _____ Business: _____ Mobile _____

Type of License: Student ___ Glider ___ Rotorcraft ___ Other ___

Rating(s): Private ___ Commercial ___ CFI ___ Instrument ___ Other ___

Aircraft(s) - Type: _____ Type: _____

Mail this Form plus a Check for \$20 made out to:

Auburn Aviation Association
P.O. Box 6454
Auburn, CA 95604-6454

Questions?

Contact Richard Pearl (Membership Chair)
916-409-0510
pennyrich@ aol.com