



MEMBERSHIP APPLICATION

DUES: \$12.00 Annually – pro rated based on month joined

D.O.A.I. #: _____

Pilot's Name: _____

Co-Pilot's Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Home Telephone: () _____

Pilot's Cell: () _____ Co-Pilot's Cell: () _____

Pilot's email: _____ Co-Pilot's email: _____

Birthdays (Optional): Pilot's _____ Co-Pilot's _____

Anniversary (Optional): _____

Dues Enclosed (check box): \$12 \$_____ for _____ months

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