

SALMON ARM FLYING CLUB

COPA FLIGHT # 80

4300 - 20th Ave. S.E. Salmon Arm, BC V1E 1X9

APPLICATION FOR MEMBERSHIP

Name.....

Wife's first name (if applicable).....

Address.....

City..... Postal Code.....

Phone (home).....Cell.....

Email .....

I hereby certify that I have read the Constitution and By-laws and the Code of Conduct contained therein.

.....  
Date Signature

The following information is optional

License type.....

Total hours.....

Aircraft types flown

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Any aviation special interests that you would pursue, share, or teach members of the club? .....

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ANNUAL DUES ARE \$50.00