

UNITED STATES FLYERS FEDERATION

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MEMBERSHIP APPLICATION					
APPLICATION INFORMATION					
NAME:				GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CURRENT ADDRESS:					
CITY:		STATE:		ZIP CODE:	
COUNTRY:					
PASSPORT NO.				EXPIRES:	
CLASSIFICATION:	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR	<input type="checkbox"/> VET	<input type="checkbox"/> SUPER VET	
CONTACT INFORMATION					
EMAIL ADDRESS:					
HOME PHONE:		WORK PHONE:		CELL PHONE:	
WHAT IS THE BEST WAY TO CONTACT YOU?					
SPONSER INFORMATION					
NAME OF SPONSOR:					
RELATIONSHIP:					
PHONE:		EMAIL:			
MEMBERSHIP DUES:					
<input type="checkbox"/> ONE YEAR - \$50.00				<input type="checkbox"/> THREE YEARS - \$125.00	
DATE PAID:		CHECK NO.		CASH:	
SIGNATURE OF APPLICATANT:				DATE:	
USFF AUTHORIZED SIGNATURE:				DATE:	