

## ***Free Spirit Flight Membership Application/Renewal***

Name: \_\_\_\_\_ USHPA#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Rating: \_\_\_\_\_  
(Print) (mm/yy)

Address: \_\_\_\_\_  
(Street) (City/Town) (State/Province) (Zip) (Country)

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print) (Home) (Work) (Cell)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print)

*I declare that I am a current USHPA member and I will abide by FSF Club By-Laws & Site Rules.*

Signed on: \_\_\_\_\_ by: \_\_\_\_\_  
(Date) (Signature)

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Dear Fellow Pilot, thank you for joining our club or renewing your membership! Please complete the information requested above, detach the top part at the dotted line, make out a check for \$50 (US\$ only please) payable to Free Spirit Flight and send both to me at: 31 Windrush Valley Rd., Fairport, NY 14450. See you on the hill!

Katrin Parsiegla, Treasurer  
pinkpilotk@gmail.com