

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), sign the Club Waiver, make out a check for **\$75 (US\$ only please)** payable to Free Spirit Flight and send it all to me at: 31 Windrush Valley Rd., Fairport, NY 14450. See you on the hill!

Katrin Parsiegla, Treasurer
pinkpilotk@gmail.com

NOTICE: Effective January 1, 2025, FSF membership dues are \$75 USD annually.