



BUFFALO MOUNTAIN FLYERS

Membership Application Form

Pilot's Name (printed): _____ Age: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Home Phone: (_____) _____ - _____ Work : (optional) (_____) _____ - _____ Ext. _____

Cell Phone (If desired to be added to a published pilots list): (_____) _____ - _____

USHPA Number: _____ USHPA Rating _____ Expiration Date: _____

Spouse's Name: _____

Pilot signature: _____ Date: ____/____/20____

Membership Type (check one):

Day (\$10 per day - temporary non-voting)

Year (\$60 full membership - thru anniversary date)

Include a check if mailing, otherwise check or cash.
Make check Payable to the "Buffalo Mountain Flyers"

Send to the Address below or place into money drop at one of our sites.

Dave Ryhal
801 S. 75th St.
Broken Arrow, OK 74014

Tear Off Here for Membership Receipt

Pilot Name _____

Date _____

Day (\$10 per day - temporary non-voting)

Year (\$60 full membership - thru anniv.date)

