




### MEMBER INFORMATION FORM

MEMBERSHIP TYPE:  INDIVIDUAL (\$50)  \*FAMILY (\$60) \* List all family memberships below.

First NAME  Last NAME

ADDRESS:  City:  State:  ZIP:

PHONES Home:  Cell:  Work:

E-mail  WEIGHT:  lbs DOB:

(E-Mail is our primary form of communication- PLEASE PRINT CLEARLY) Required Required mm/dd/yyyy

NAME EXACTLY AS IT APPEARS ON PASSPORT:

\* PASSPORT NUMBER:  \*PASSPORT EXPIRATION DATE:

\*Passport number and passport expiration will not be published in the membership list on the chapter website

I have signed and enclosed/mailed the Flying Samaritan's Waiver and Release of Liability. Waiver   
Note: Waiver must be witnessed.

**In case of Emergency , please call:**

Name:  Relationship:  Phone:

Please indicate your Sam's Specialty (ies):

Main Specialty:  Second Specialty:

**Pilots:** Please complete also the on-line pilot information form.

**Licensed Professionals** (Medical, Dental, Chiropractic, Optical, Pharmacist, etc): (Required): You must e-mail/mail a clear copy of your current license. Please also complete the on-line CV form.

**Interpreters:** Can you speak Spanish fluently enough to serve as an interpreter for Medical, Dental or Chiropractic professionals?

Spanish

**PLEASE ADD ALL OF YOUR ELIGIBLE FAMILY MEMBERS FOR AN ADDITIONAL \$10 TOTAL**

NOTE: A family member must be at least 18 years of age and reside at the same residence as the primary member.

1. Name on Passport:  Weight:  DOB:   **Specialty**

E-mail  Passport #  Passport Expiration:

2. Name on Passport:  Weight:  DOB:   **Specialty**

E-mail  Passport #  Passport Expiration:

3. Name on Passport:  Weight:  DOB:   **Specialty**

E-mail  Passport #  Passport Expiration:

Primary Member Signature:   
(Type your name)

Date: