



**MEMBER INFORMATION FORM**  
for membership year August 2016 through July 2017

MEMBERSHIP TYPE:  INDIVIDUAL (\$40)  \*FAMILY (\$50) \* 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\*Passport number and passport expiration will not be published in the membership list on the chapter website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.

		Specialty				
1. Name on Passport:	<input type="text"/>	Weight:	<input type="text"/>	DOB:	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	Passport #	<input type="text"/>	Passport Expiration:	<input type="text"/>	
2. Name on Passport:	<input type="text"/>	Weight:	<input type="text"/>	DOB:	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	Passport #	<input type="text"/>	Passport Expiration:	<input type="text"/>	
3. Name on Passport:	<input type="text"/>	Weight:	<input type="text"/>	DOB:	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	Passport #	<input type="text"/>	Passport Expiration:	<input type="text"/>	

Primary Member Signature:  Date:   
(Type your name)