

Fountain City Flyers
AMA Charter #3620
Application for membership

Please Print

Date: _____

Type Membership: _____Adult: _____Youth

Date of Birth: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

E-mail Address: _____

Fax: _____

Current AMA License Number: _____

Are you an IMAA Member? _____Yes _____No

Signature

FOR OFFICIAL USE ONLY

Membership Approval: _____Yes _____No

President: _____

Treasurer: _____

Initiation Fee Collected? _____Yes _____No: Amount: _____

If no, why not? _____

Annual Dues Collected? _____Yes _____No: Amount: _____

If no, why not? _____

