MEMBERSHIP FORM

……..
LAST NAME FIRST NAME INITIAL

……..
NAME OF SPOUSE (IF INCLUDED AS ASSOCIATE MEMBER)

……..
STREET ADDRESS APT.#

……..
CITY PROVINCE POSTAL CODE

……..
PHONE E - MAIL ADDRESS

……..
AIRLINE OCCUPATION

MEMBERSHIP:

☐ REGULAR ☐ RETIRED ☐ ASSOCIATE ☐ RENEWAL

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