



New Membership Application

Individual Membership [] Family Membership []

Name _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Telephone Home _____

Work _____

Cell _____

Date of Birth _____ E-Mail Address _____

Occupation _____

For Family Membership ONLY (Names of Family Members at Home, Age 14 and Over)

Name	Date of Birth	USUA Member Number	Application Submitted
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]

Aviation Interests _____

Flying Experience _____

Date _____

Signature _____

Annual Dues \$18.00 – Individual Membership
 \$24.00 – Family Membership

Send Form and Check (payable to SVLAF) to:
 Leo Callahan, Membership Director
 353 Agecroft Court
 Hampton, VA. 23669-1718