



www.pentictonflyingclubcopafifty.com

Membership Application/Renewal Form

Part 1: To be completed by Member

Membership Year: 20____ ✈ Please Indicate: NEW or RENEWAL

Name (First & Last Name): _____

Spouse/Partner Name: _____

Cell Phone: _____

Home Phone: _____

E-mail Address: _____

City: _____

Province: _____

If you own an Aircraft ✈ Type: _____ Registration: _____

Your Personal Information is gathered only for membership purposes. Email is our primary form of communication, and notices, newsletters and other correspondence will be sent to you via email. We will not share your personal information with any third party.

Annual Membership Fee: \$100.00

Payment Options: eTRANSFER to: copa50treasurer@gmail.com

or

CHEQUE mail to: Penticton Flying Club

126 Dakota Way,

Penticton, BC V2A 8X1

Membership Fee Collected date: ____ / ____ / ____ (Day / Month / Year)

Part 3: To be completed by Database Administrator

Membership Database Updated by: _____ (print First & Last Name)

Membership Database Updated date: ____ / ____ / ____ (Day / Month / Year)