Free Spirit Flight Membership Application/Renewal

Name:	USHGA#:	Exp. Date:		_ Rating:
(Print)			(mm/yy)	-
Address:				
(Street)	(City/Town)	(State/Province)	(Zip)	(Country)
E-mail Address	Phone:			
(Pr	Phone:	(Home)	(Work)	(Cell)
Emergency Contact:	Phone:			
	Phone: _			
I declare that I am a current US	SHGA member and I will abide by	FSF Club By-La	ws & Site F	Rules.
Signed on: by:	(Signature)			
(Date)	(Signature)			
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(Date)	(Signature)			