

FLYING SAMARITANS
PO Box 40431
Tucson, AZ 85717-0431



Membership Chair: Susan Warren
 Phone: 520-490-6780
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Membership Application

New **Renewal**

TYPE OF MEMBERSHIP: **Voting** **FAMILY** Family membership is reserved for family members of a Voting member living in the same residence; please list Voting member name: _____

Last Name:	First Name	
Address Line 1:		
Address Line 2:		
City	State:	Zip:
Home Phone:	Cell Phone:	
Email:	Fax:	

Information necessary for International Flights: Please list your name as it appears on your passport

Last Name:	First Name:	Middle Name:	Passport Number:	Passport Expires: mm/dd/yyyy
Country of Issuance:	Male Female	Citizenship:	Weight:	Date of Birth: mm/dd/yyyy

Profession/Skills useful to the Flying Samaritans: check all that apply

MEDICAL		DENTAL		SUPPORT
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Dentist	<input type="checkbox"/> Dentist	<input type="checkbox"/> Pilot
<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Nurse	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Hygenist	<input type="checkbox"/> Hygenist	<input type="checkbox"/> Helper
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Other			

If you checked "Other", please describe: _____

IMPORTANT – WITH THIS APPLICATION, PLEASE INCLUDE:

Everyone: Payment Copy of passport (good as long as valid)
 Waiver (yearly) long as valid)

Medical Professionals (in addition to above):

Copy of Professional License (good as long as valid)
 Professional Standards Form (good as long as valid)

Pilots (in addition to above):

Copy of Pilot's License (good as long as valid)

Primary (voting) membership = \$35.00
Family membership (each) = \$15.00

TOTAL PAID \$ _____

FS Use Only:

Cash/Check No. _____

Date Received _____