

ROCK RIVER FLYERS, INC.

P.O. Box 205
Mt. Morris, IL 61054
www.rockriverflyers.com

MEMBERSHIP APPLICATION

Today's Date : _____

PERSONAL INFORMATION

Name : _____ Date of Birth : _____

Address : _____ Age : _____

_____ Work Phone: _____

Home Phone : _____ Cell Phone : _____

Email Address: _____

How did you learn about Rock River Flyers? _____

FLYING INFORMATION *(leave blank if no logged flight time)*

Type of License: _____ License Number: _____

Date of Issue: _____ Total Hours : _____

Current Medical ? : Yes / No Class : I II III Date of Issue : _____

Mail check and completed Rock River Flyers and Ogle Co. Pilots, Inc. applications to:

Rock River Flyers, Inc.
P.O. Box 205
Mt. Morris, IL 61054

----- *for RRF use only* -----

STOCK MEMBERSHIP (1 Share) IN RRF (\$600)

(Regular Membership Applicants only) Amt Rec'd: _____ Check #: _____

1st MONTH'S DUES IN RRF (\$25) Amt Rec'd: _____ Check #: _____

ANNUAL DUES IN OCPI (\$50) Amt Rec'd: _____ Check #: _____

Application Received by : _____ Date Rec'd : _____

Board of Directors action: Approved _____ Denied _____ Date: _____

Distribution : 1) RRF – Secretary 1) OCPI – Treasurer
1) RRF – Dir. of Membership 1) Applicant
1) RRF - Treasurer