



## Membership Application

After printing and completing this form. Please mail with your check for the amount of the *membership level* you've selected to:

*Southern California Aeronautic Association*

*PO Box 91014 Los Angeles, CA 90009-1014*

*Please Check One of the Annual Membership Options Below*

*Regular...\$40*

*Senior (60+)...\$30*

*Student...\$10*

*Corporate...\$200 (up to 5 from company)*

*Name*

.....

*Address*

.....

*City*

*State*

*Zip*

.....

*Phone*

.....

*FAX*

.....

*E-Mail*

.....

*Company (if applicable)*

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