



Amount \$ _____ Check # _____

Renewal _____

Markham Park Pilots Association Incorporated (MPPA) 2015 Membership Application / Renewal Form

Web Site: www.mppaonline.net

Name: _____ Date: _____
Address: _____ AMA#: _____
City/State: _____ Zip Code: _____
Primary Tel: _____ #2 Tel: _____

E-mail

(Print Legibly): _____

Membership Type (Check One):

<input type="checkbox"/> Open (18 Years or Older)	\$30 per Year	\$ _____
<input type="checkbox"/> Junior (12 – 17 Years)	\$15 per Year	\$ _____
<input type="checkbox"/> Family (Up to 4 Members)	\$60 per Year	\$ _____
<input type="checkbox"/> Associate (Non Flying)	\$10 per Year	\$ _____

Make Check Payable To: MPPA INC.
Mail To: MPPA, 5198 S.W. 87th Ave.
Cooper City, FL. 33328

For Family Membership: List First and Last Name and AMA #

1) _____ 2) _____ 3) _____

I, _____, do hereby agree to abide by all safety rules and regulations of the Markham Park Airfield and by the By-Laws of the Markham Park Pilots Association. Failure to do so may result in my membership being revoked. I also understand that all fees are non-refundable. **I certify that I am a current member in good standing of the Academy of Model Aeronautics (AMA).**

Signature: _____

(If you are a Junior Member, Parent/Guardian must also sign)

President: Beverly Cole	954-336-5752	bevjcole@aol.com
Vice Pres.: David Kruger	954-881-6331	dkruger12908@att.net
Treasurer: Cheri Storer	954-240-9143	ceberly@bellsouth.net
Membership: John Logan	954-296-4994	logieman@bellsouth.net