



Flight School Association of North America
 3111 Arcadia Avenue, Allentown, PA 18103
 610-791-4359 Fax 610-797-8238
 fsana.com



YOUTH APPLICATION FOR MEMBERSHIP

Why do young people join FSANA? Number one, they have a passion for aviation and aerospace. Two, membership is an insider's edge to the flying experience and the business of aviation and aerospace. Besides being integrated into FSANA's AeroChapters program, membership includes a monthly youth e-News with insider news and career pathway developments.

Our goal is to provide a motivational platform for anyone interested in the exciting world of flight and aerospace. FSANA is a membership-oriented association with a mission of increasing the pilot population by engaging passion-driven individuals at an early age. Join us now.

_____ 201__ *Please print clearly.*
 Today's date (month / day / year)

Name first last

Street address

City State Zip/postal code

(_____) _____
 home telephone

email of applicant

Age _____ Birthday (00 month / 00 day / 00 year) Male Female

Current school grade or last grade completed

Favorite hobbies/sports besides aviation (limit 2)

Have you ever piloted a plane? Yes No

Signature of applicant

Referred by: _____
 Person's first/last name

Person's business name

Office use only	Payment date: _____	VISA MC AMX check # _____
		<input type="radio"/> eNews
		<input type="radio"/> Welcome letter

PARENT/GUARDIAN INFO

 Name of primary parent or guardian

 Email of primary parent or guardian (optional)

 Signature of primary parent or guardian

 Name of second parent or guardian (optional)

 Email of second parent or guardian (optional)

By checking the box(es) below, I/we authorize FSANA to subscribe me/us to all email correspondence that the applicant will receive from FSANA.

Primary parent or guardian Second parent or guardian

REMITTANCE

Membership is for the calendar year. If joining after 9/1, membership extends through the entire following year.

FSANA Youth Member (grades 6-12) **\$25.00**

Check enclosed payable in U.S. dollars to: **FSANA**

CC# _____

Card security code # _____

 Name as it appears on card

_____/_____
 Expiration date Signature

Zip code associated with this credit card _____

EMAIL scanned application to: info@fsana.com

or **FAX** application to: 610-797-8238

or **MAIL** application and remittance to:

FSANA | 3111 Arcadia Ave | Allentown PA 18103

It may take up to 2 weeks to receive your membership kit, meanwhile all services are available upon receipt of payment.

To print additional applications visit: fsana.com