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

APPLICATION FOR FSANA YOUTH MEMBERSHIP

____ / ____ / ____
Today's date (00 month / 00 day / 00 year)

Please print clearly.

Membership level at joining: Junior Youth (age 7-12) \$25/one year
(check one based on age) Senior Youth (age 13-17) \$25/one year
 Young Adult (age 18-21) \$25/one year

First name Last name

Street address

City State Zip/postal code

(_____) _____
Home telephone

Email of applicant

Favorite hobbies/sports besides aviation (limit 2)

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

Current school grade or last grade completed: _____

Have you ever piloted a plane? Yes No

Top career interest: _____

How did you hear about us?

FSANA Youth member referral. Please share referring member's name:

Flight school. Please share school's name:

Publication or social media. Please share name:

Aviation event. Please share event name:

FSANA Youth website

Other: _____

I agree to allow FSANA to share my name and email address with FSANA partner companies who have an interest in sharing their information which can possibly assist with my future career in the aviation and aerospace industry.

Agree Disagree

Signature of applicant

OFFICE USE ONLY

Payment date _____

Check # _____

- AMX
 MC
 VISA

Referred by _____

- CRM
 Welcome letter

PARENT/GUARDIAN INFO (required age 7-17 applicants)

Name of PRIMARY parent or guardian (first/last)

Email of PRIMARY parent or guardian (optional)

Telephone 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)

Telephone 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

I/we agree to allow FSANA to share my name and email address with FSANA partner companies who have an interest in sharing their information which can possibly assist with my future career in the aviation and aerospace industry.

Primary parent or guardian Agree Disagree

Second parent or guardian Agree Disagree

REMITTANCE

Membership will be for 12 months from the start of the membership.
FSANA Youth membership (age 7-21) **\$25.00**

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



CC# _____

Name as it appears on card

_____/_____
Expiration date Card security code #

Email address 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.