



COPA FLIGHT 177

Membership Registration Form

Name: _____

Address: _____

Email Address: _____

Phone Numbers: _____ Home Cell Work
_____ Home Cell Work

Membership Type: Full Membership, \$25 Associate Member, \$15
Youth Membership, \$15

Aircraft Owner? Registration _____ Type _____

COPA National Member: Yes Number: _____ No

Your comments or special notes: _____

Please note:

- Full membership is required to vote at meetings and serve on the executive.
- The membership year is from May 1st to April 30th.
- The Youth Membership is for young folks 12 to 17 years.

Complete the form and send it along with a cheque to:

Summer Papple
42920 Centennial Road, RR 4
Seaforth ON N0K 1W0

or present them at a meeting to one of the executive.