



Membership Form

Name:	New Family Membership:
	If you join between / you pay:
Address:	09-01 & 11-30 / \$25.00
	12-01 & 02-29 / \$18.75
City:	03-01 & 05-31 / \$12.50
	06-06 & 08-31 / \$ 6.25
State:	
	Family Renewal: \$20.00
Zip:	
	New Individual Membership:
Telephone:	If you join between / you pay:
	09-01 & 11-30 / \$20.00
E-mail:	12-01 & 02-29 / \$15.00
	03-01 & 05-31 / \$10.00
	06-06 & 08-31 / \$ 5.00
<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal	
	Individual Renewal: \$15.00
<input type="checkbox"/> Individual Membership	
<input type="checkbox"/> Household Membership <i>(please list names below (individual email addresses optional))</i>	
Please put me on the: <input type="checkbox"/> Phone Tree <input type="checkbox"/> Email Notification List	
<i>(Membership roster is available to club members on request)</i>	
Are you an AKA member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please make your check payable to Wings Over Washington and mail with this application to:	
Wings Over Washington c/o Barbara Birnman 13406 Staffordshire Place Germantown, MD 20874	