



Flight 72
BCFA

BCFA

2011 MEMBERSHIP APPLICATION FORM

(Renewals need only fill in name and any changes in data)

New Member___ Renewal___ COPA Membership #_____

Title: Mr___Mrs___Ms___Dr___ Date of Birth _____
Month Day Year

Name_____

Mailing Address_____

City_____Province/State_____Postal Code_____

Phone (_____)_____-_____ Cell: (_____)_____-_____

Email _____ Occupation_____

Aircraft Type _____ Registration_____

Annual BCFA fees: \$40.00

Due Jan 1 of each year.

Method of payment: Cash_____ Cheque_____

(Please remit the \$40.00 BCFA membership by **cash/cheque** payable to
BC Floatplane Association
3753 S. Island Hwy
Campbell River BC V9H 1L7

You may also use your VISA or a PayPal account through the PayPal function on the website
www.bcfloatplaneassociation.com

Signature of Applicant_____Date _____