



## Compass Membership Information Form

Date: \_\_\_\_\_ New Member \_\_\_\_\_ Returning Member \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Compass Club Name: \_\_\_\_\_

Club Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Sponsoring Pilot/Pilot Club Name: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dues Paying:**

Membership

Insurance

Why did you join Compass: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from this membership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_