



## New Membership Application

Individual Membership [        ]                      Family Membership [        ]

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

**For Family Membership ONLY (Names of Family Members at Home, Age 14 and Over)**

Name	Date of Birth	USUA Member Number	Application Submitted
_____	_____	_____	[        ]
_____	_____	_____	[        ]
_____	_____	_____	[        ]
_____	_____	_____	[        ]

Aviation Interests \_\_\_\_\_

Flying Experience \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Annual Dues      \$18.00 – Individual Membership  
                          \$24.00 – Family Membership

Send Form and Check (payable to SVLAF) to:  
 Leo Callahan, Membership Director  
 353 Agecroft Court  
 Hampton, VA. 23669-1718