

MEMBERSHIP APPLICATION



The **TWIN CESSNA** *Flyer*

Supporting Twin Cessna Owners Worldwide since 1988
P.O. Box 12453 Charlotte, NC 28220

Application for Membership

1. _____ Date: _____
Name (First, Middle Initial, Last)

2. _____
Address

3. _____ / _____ / _____
City State Zip + 4

4. (_____) _____ Email: _____
Area Code Phone

5. _____ / _____ / _____
Airplane Model Serial # Registration #

6. Check Membership Desired:

___ 1 year @ \$68 (\$80 international)

___ 2 years @ \$125 (\$145 international)

___ 3 years @ \$185 (\$215 international)

7. Credit Card ___ / ___ / ___ / ___ / _____
Visa MC Amex Disc Number

Name on Card Exp. Date Signature



**Please fill out and fax to: 801-515-8354
or email to editor@twinessna.org**