



FRIENDS OF THE CRIVITZ AIRPORT

P.O. Box 611
Crivitz, WI 54114

MEMBERSHIP APPLICATION Year: _____

Primary Member Information:

Last Name: _____

First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Local Phone: _____

Cell Phone: _____ E-Mail: _____

Local Resident (circle): Full Time Weekends Vacations _____

Occupation: _____

Other Skills: _____

Are you interested in donating your time to help with projects (circle one): Y N

If so, when are you available to help: _____

What would you like to help with: _____

Are you interested in donating materials or the use of equipment (circle one): Y N

If so, what: _____

Pilot (circle one): Y N Aircraft Owner (circle one): Y N

Associate Member Information:

Spouse Name: _____

Children Names: _____ Age: _____
(minors) _____

FEE: \$12.00 min. per year per family – Please make checks payable to FoCA.

Membership fee is prorated by the month (join after February 1st and only contribute \$11.00 and so on.)
Contributions or gifts are not deductible as “charitable contributions” for Federal income tax purposes.