



Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you currently a licensed pilot? Yes No

Ratings: _____

Membership fees: **\$100**

I would like to include an additional donation to the SFEC of \$ _____
(Donations are tax deductible)

TOTAL ENCLOSED: \$ _____ (Make checks payable to: **Spencer Flight & Education Center, Inc.**)

Please return application with payment to:

Spencer Flight & Education Center, Inc.
300 S. Mesquite Rd.
Scott City, KS 67871

You can also register or renew online at www.spencerflightcenter.com