



St. Louis Whirlybirds Membership Application

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____

Mobile: _____

E-Mail Address: _____

AMA Number: _____

Whirlybird Card Previously Issued? Yes No

Membership Fees:

First Time Membership: \$40.00

Regular membership: \$60.00

Junior Membership (16yr or younger): \$1.00

Family Membership: \$100.00

Family Member 1: Name _____ AMA number _____

Family Member 2: Name _____ AMA number _____

Family Member 3: Name _____ AMA number _____

Family Member 4: Name _____ AMA number _____

*If adding family members in excess of 4 listed above, list additional family members and AMA numbers in lower margin.

Payment Method: Cash Check PayPal

Payment Date: _____

If paying by check, make payable to 'St. Louis Whirlybirds' and mail completed application along with payment to:

William Stewart
2682 Ruddy Ridge Dr.
High Ridge, MO 63049

If paying by PayPal, send funds and completed application to:

stlwbhc@gmail.com