



TELEPHONE 604-485-6916
7508 DUNCAN STREET
POWELL RIVER, B.C. V8A 1W7

Application for Membership

Date: _____

Name: _____

Address: _____

Telephone Res: _____ Business: _____

Occupation: _____ Employer: _____

email address: _____

Previous Flying Experience (Type and Hours) _____

Licence Number: _____

I hereby make application for membership in the Westview Flying Club.

I enclose my cheque/cash in the amount of \$ _____

OR

I have sent \$ _____ via eTransfer to wfcdues@gmail.com

Proposed by: _____

Approved by: _____

Applicant's signature: _____

Additional Information:

