



# The Sundown Patrol of Lee County

## OBSERVER MEMBERSHIP APPLICATION (PLEASE PRINT)

Name \_\_\_\_\_ SSN \_\_\_\_\_

Local Address \_\_\_\_\_  
\_\_\_\_\_

Local Mailing Address (If Different) \_\_\_\_\_

Local Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Is Your Spouse a Pilot? Y N

Occupation \_\_\_\_\_

Employer and Address \_\_\_\_\_

E-mail \_\_\_\_\_

This application is subject to the approval of the Board of Directors of Sundowner's, Inc. A check for the first months dues of \$15.00 must accompany this application.

Please make the check payable to:

Sundown Patrol of Lee County, Inc.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Space below for Board use\*\*\*\*\*

BOD ACTION								
President	Vice President	Secretary	Treasurer	Flight Supervisor	Maintenance Officer	Chief Observer	Scheduling Officer	Non-Officer Director
_____	_____	_____	_____	_____	_____	_____	_____	_____
Definitions.....Y = For      N = Against      A = Abstain      Five affirmative votes required for "APPROVAL".								