

ANCHOR-AT-LARGE MEMBERSHIP APPLICATION

Date:	Anchor/Pilot District of Membership:		
Name			
(First)	(Middle)	(Last)	
Mailing Address			
Residence phone: ()_		one ()	
E-Mail address:			_
Date of birth:	Gender	r:	
Sponsor's Name:			
Sponsor's Address:			
Name of Sponsor's Pilot (Club:		
Address:			_
*Please complete the application	ation and mail along with	a check for \$14.00 (\$10.0	00

*Please complete the application and mail along with a check for \$14.00 (\$10.00 for dues and \$4.00 for insurance) to:

Pilot International Headquarters 102 Preston Court Macon, GA 31210 Attn: Youth Development Specialist Telephone: (478) 477-1208, ext. 305

Fax number: (478) 477-6978 Email: youthdevelopment@pilothq.org