

**Membership Application Form**

**Fill in this form and send it as an email to member@iffr.net**

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Nickname |  |
| Spouse or Partner |  |
| Address |  |
| State / Province |  |
| City |  |
| Zip Code |  |
| Country |  |
| Home Phone |  |
| Work Phone |  |
| Mobile Phone |  |
| E-mail |  |
| Rotary Club |  |
| Your Classification |  |
| Your Airport |  |
| Airport identifier |  |

| Todays date |  |
| --- | --- |
| Signature |  |