

International Fellowship of Flying Rotarians



## Membership Application

Name:			
Nickname:			
Spouse/Husband:			
Residence:			
City/State/Zip:			
Country:			
Business name:			
Telephones:	Res: <input type="text"/>	Bus: <input type="text"/>	
	Fax: <input type="text"/>	Mobile: <input type="text"/>	
E-mail:	<input type="text"/>		
Rotary Club:	<input type="text"/>	District: <input type="text"/>	
Meets Day & Time	<input type="text"/>		
Your classification:	<input type="text"/>		
Your Airport:	<input type="text"/>	Airport identifier: <input type="text"/>	
<b>PREFERRID MAILING ADDRESS</b> <i>(Print clearly and in proper mailing order, please)</i>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

**JOIN IFFR TODAY**

**FILL OUT THIS FORM WITH YOUR DUES AND MAIL OR FAX**

Send to: **IFFR, Scandinavian Section**

**c/o Bo Johnsson**

**Blåklockevägen 23, 722 46 VÄSTERÅS**