



ANNUAL MEMBERSHIP APPLICATION

Freedom's Wings International (FWI) is a non-profit organization run by and for individuals with physical disabilities. Freedom's Wings is unique in that it teaches individuals with disabilities how to fly specially adapted gliders. One hundred percent of all of our dues and donations support our programs, as there is no paid staff. I hereby apply for:

| Category | Annual Dues | |
|--|-----------------------------|--|
| <input type="checkbox"/> Hardship Membership | Open | Rate determined by FWI Board of Trustees |
| <input type="checkbox"/> Individual Membership | \$40.00 | <input type="checkbox"/> New Membership <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Flying Membership (disabled) | \$100.00 | <input type="checkbox"/> New Membership <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Flying Membership (able-bodied) | \$500.00 | <input type="checkbox"/> New Membership <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Individual Life Membership | \$400.00 (one time payment) | |

Name: _____ Day-time Phone (____) _____
 Home Phone (____) _____ Cell Phone: (____) _____
 Disabled Able-bodied Email: _____
 Mailing Address: _____
 Profession: (Nurse, Physical Therapist, etc) _____
 Institution: _____
 SSA membership number _____ SSA Expiration _____

Make check payable to: **Freedom's Wings International, Inc.** and send to:

Freedom's Wings International, Inc.
324 Charles Street, Apt. 25
Coopersburg, PA 18036
(800) 382-1197
www.freedomswings.org

Please indicate your area of volunteer interest:

- | | | |
|--|--|--|
| <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Board of Trustees |
| <input type="checkbox"/> Inspirational Flight Pilot | <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Ground Operations | <input type="checkbox"/> Membership Programs | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Clerical Help | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Airport Liason |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Community Outreach/Education | | |
| <input type="checkbox"/> I am unable to commit time to the organization, but please send me the newsletter | | |

Able bodied members applying for flying membership must be approved by the FWI Board of Trustees. Persons with disabilities are given priority in scheduling. I understand that FWI is a membership organization. My dues and SSA membership entitle me to vote on membership issues, select a Board of Trustees, and attend social events. I understand that membership dues are renewable on March 1st each year, and that separate fees are assessed to members for flight tows. All members participate in our mission of providing soaring opportunities to persons with disabilities.

Date: _____ Signature: _____