



# Anchor Membership Form

Date: \_\_\_\_\_ New Member \_\_\_\_\_ Returning Member \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Anchor Club Name: \_\_\_\_\_

School Name (if applicable): \_\_\_\_\_

Club Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Anchor Advisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Advisor's Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

Sponsoring Pilot/Pilot Club Name: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Why did you join Anchor: \_\_\_\_\_

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What do you hope to gain from this membership? \_\_\_\_\_

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