PEDRO RESCUE HELICOPTER ASSOCIATION

Membership Application

Association Dues are \$10.00 a year and are tax deductible. If you would like to join the association, please complete the form below. Required information is noted with an (*) asterisk.

Please send your check to:

Pedro Rescue Helicopter Association 16610 14th Ave SW Burien, WA 98166

Please ensure that your check is made out to the "Pedro Rescue Helicopter Association".

Please provide the following contact information:

*First Name:	Middle Initial:
*Last Name:	Title:
Spouse's Name (if applicable):	
*Street Address:	
Address 2 (P.O. Box, etc.):	
*City:	
*State/Province:	
*Zip/Postal Code:	
Country:	
Work Phone:	
Home Phone:	
FAX:	
E-mail:	
Personal Web Site Name & URL:	
* May your contact information be supplied to other Ped members? Yes No	

* Choose one of the	e following membership	descriptions (please circle):
Pedro Crew Membe	er (Pilot; Firefighter; Cr	rew Chief/Mechanic; Other Support)
Family Member	Kaman Employee	Rescuee
		e your position and list the units you served with and any rewmember, please list your reason for joining the
Please attach additi	onal sheets if necessary	
I affirm that the info	formation listed above is	true and accurate to the best of my knowledge.
Signature		Date

The Pedro Rescue Helicopter Association (PRHA) is a not for profit organization created under the laws of the State of Washington and Internal Revenue Code Section 501[c](3) of the Internal Revenue Code and as such no one who qualifies for membership will be denied membership based on age, gender, national origin or religious belief.

Service in Southeast Asia is not required to become a member of this association.

Thank you for deciding to join us! You will be receiving your membership package in 4 to 6 weeks. Please feel free to contact us at <u>pedroafrescue@msn.com</u> if you have any questions.