



**AEROMEDICOS MEMBERSHIP**  
2010-2011

**AEROMEDICOS**  
*A Nonprofit Health Care Organization*  
Tax ID: 77-0117662  
www.aeromedicos.org

Yes, I would like to be a member of the Aeromedicos team. I'm enclosing a tax-deductible membership gift of:

<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
Member	Family	Ground crew	Navigator Circle
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$5000
Co-pilot Circle	Pilot Circle	Cadeje Circle	Baja Circle

Mail your gift plus this Aeromedicos Membership and Waiver of Liability to:

**Aeromedicos**  
**P.O. Box 538**  
**Goleta, CA 93116**

Yes, I would like to volunteer my services:

Medical capability or specialty: \_\_\_\_\_

\_\_\_\_\_

Spanish proficiency: \_\_\_\_\_

Other capabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Due to extreme traveling conditions, such as heat, long flying distances in small airplanes, and busing into isolated areas, please indicate any personal medical conditions that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the following information carefully.

Member 1: \_\_\_\_\_

Member 2: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Weight: Member 1: \_\_\_\_\_ Member 2: \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_

\_\_\_\_\_

**Waiver of Liability: All Aeromedicos members who intend to volunteer their services, in any capacity, must sign the Waiver of Liability that appears on the reverse side of this form. The witness must be a non-family member.**

Pilots Only:

Ratings: \_\_\_\_\_

Current airplane owned: \_\_\_\_\_

N Number: \_\_\_\_\_