

AYPH – Association of Yukon Paragliders and Hang Gliders

Membership Form

Name: _____

Mailing Address:

Street 1 _____

Street 2 _____

P.O. Box _____

City/Town _____

Province/State _____

Country _____

Postal/Zip _____

Phone 1: _____

Phone 2: _____

Cell: _____

E-mail 1: _____

E-mail 2: _____

Membership fee: **\$15.00** **Paid** _____

Signature: _____ **Date:** _____