

SAFE MEMBERSHIP APPLICATION

Billing Address Name Company Address Address Address City State Country Zip Code Phone E-mail Associate* Regular* Supporting Memberships* Bronze Silver Gold Platinum \$25/yr \$45/yr \$100/yr \$250/yr \$500/yr \$1,000/yr per year x years Total = Payment Method Credit Card Type (circle one) Credit Card Number Exp. Date (MMYYYYY) 3-Digit Code (back of card) Name on Card (if different from above) Date: Check or Money Order: Please make payable to SAFE, Inc. Additional Information Preferred/Nickname Teaching Credentials (CFI, MEI, MCFI, etc.) Areas of Specialization Your Website URL New Member Referred by Signature: Shipping Address (if different) Name Shipping Address (if different) Name Shipping Address (if different) Name Supporting Memberships* Signature: Check or Money Order: Please make payable to SAFE, Inc.											
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Please mail completed application to:

SAFE, Inc. 8030 Kirkpatrick Rd Sweet, ID 83670

^{*} For a current list of Member Benefits, see www.safepilots.org/join-safe/. Additional benefits apply to Supporting Memberships; some benefits excluded from Apprentice Membership.