



SAFE MEMBERSHIP APPLICATION

☐ **New**

☐ **Renewing (SAFE # _____)**

Billing Address		Shipping Address (if different)	
Name		Name	
Company		Company	
Address		Address	
City		City	
State		State	
Country		Country	
Zip Code		Zip Code	
Phone		Phone	
E-mail		E-mail	

<input type="checkbox"/> Associate*	<input type="checkbox"/> Regular*	Supporting Memberships*			
		<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> 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)	<input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> Disc <input type="radio"/> AmEx
Credit Card Number	
Exp. Date (MM/YYYY)	
3-Digit Code (back of card)	
Name on Card (if different from above)	
Date:	Signature:
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	SAFE # _____

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.