



MEMBERSHIP APPLICATION

**19671 LUCAYA CT.
APPLE VALLEY, CA 92308**

Phone: 760-247-8091
FAX: 714-257-9952

E-mail: info@ligainternational.org
Web Site: www.ligainternational.org

Name _____

Date _____

Address _____

H Phone _____

City State Zip _____

W Phone _____

Email _____

Cell / Mobile _____

Weight _____ lbs

Cell / Mobile _____

In case of emergency, contact: _____

Pager _____

Fax _____

I WOULD LIKE TO BECOME INVOLVED WITH *THE FLYING DOCTORS OF MERCY*:

_____ Make a Donation _____ Help in the office
 _____ I can get pharmaceuticals/supplies/equipment donated
 _____ Participate in monthly clinic trips
 _____ My area of expertise is:
 M.D._____(Specialty)_____ P.A.____ R.N.____ R.N.P.____ L.V.N.____
 D.D.S.____ Pharmacist____ O.D.____ D.C.____ Audiologist____ Interpreter____
 Pilot with plane____ type plane____ Pilot with out plane____
 Tech____(type)_____ Other_____

ANNUAL MEMBERSHIPS

Student \$25____ Basic: \$50____ Household: \$75____ Contributing \$200____

LIFE MEMBERSHIPS

Silver: \$500____ Gold: \$1,000____ President's Circle: \$2,500____ Chairman's Club: \$5,000____

Please mail application and checks made payable to:

Liga International. 19671 Lucaya Court, Apple Valley, CA 92308

Card# _____ Exp: ____ / ____ CVV2: _____

Name on card: _____ Visa _____ Master Card _____

Volunteers share cost of the flight for the airplanes and pay for their own food and lodging.
 The shared flight expenses are \$240.00 (Southern Ca) or \$300.00 (Northern Ca) or \$200 (Arizona).
 We ask our volunteers to contribute a small tax deductible \$25 Mission Support donation to go on a trip.
 Payment must be made within 24 hrs of Web Signup or you are subject to cancellation.
 The funds must be received by Liga by the 15th of the month prior to the trip.

SCHEDULE OF CLINIC TRIPS (Indicate when you would like to go)

First Friday of Every Month Listed Below

October - November - December - January - February - March - April - May - June