



MEMBERSHIP APPLICATION

Supporting Twin Cessna Owners Worldwide Since 1988

Name _____

Address _____

City / State / Zip _____

Email **(required)** _____

Home Phone _____

Work Phone _____

Cessna Model _____

Tail Number _____

SELECT MEMBERSHIP TYPE

☐ **Best Value! \$120**

One Year Print + Digital

Auto Renewal

Credit Card Information Required

☐ **\$130** One Year Print + Digital

☐ **\$115** One Year Digital Only

Auto Renewal

Credit Card Information Required

☐ **\$125** One Year Digital Only

PAYMENT METHOD

☐ Check

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

CC #: _____

Expires ____/____ Security Code ____

Cardholder's Name _____

MAIL COMPLETED FORM TO:

The Twin Cessna Flyer

PO Box 1810

Traverse City, MI 49686-1810