



# MEMBERSHIP APPLICATION

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

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

E-mail: [info@ligainternational.org](mailto:info@ligainternational.org)  
Web Site: [www.ligainternational.org](http://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**

Or Please Charge my Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Card# \_\_\_\_\_ Exp: \_\_\_\_\_ Name on 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**