



**The Vertical Flight Society**  
 2700 Prosperity Avenue, Suite 275  
 Fairfax, VA 22031 \* USA  
 +1-703-684-6777 \* Fax +1-703-739-9279

## Membership Application

Membership Type Options	Annual Dues	3 year dues	5 year dues
<b>Regular Member</b>	\$95	\$271	\$428
<b>New Regular Plus- Includes 1 yr. VFS Online Library Access</b>	\$245	#	#
<b>Young Professional (Age 30 and Under)**</b>	\$50	#	#
<b>Fully Retired &amp; Over 60**</b>	\$50	\$143	\$225
<b>Active Duty Military</b>	\$50	\$143	\$225
<b>Full-Time Student</b>	\$25	#	#
Additional Options			
<b>Journal of the AHS Online Only</b>	\$65	\$195	\$325
<b>Journal of the AHS – Print (U.S.&amp; Int'l)</b>	\$85	\$255	\$425
<b>Journal of the AHS – Print &amp; Online (U.S.&amp; Int'l)</b>	\$100	\$300	\$500
<b>Total (USD)</b>			

*\*International costs Include mailing*

*\*\* Birthday required MM/YY*

*#Not available*

Name (Prefix, First, Middle Initial, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Country, Zip: \_\_\_\_\_

Telephone # (office/home): \_\_\_\_\_ Mobile #: \_\_\_\_\_

Employer/College: \_\_\_\_\_ Sponsor by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Birthdate (mm/yyyy): \_\_\_\_\_ *Required for Fully Retired, and Young Professional*

Email address: (required) \_\_\_\_\_

**Payment Type**  
 MasterCard    Visa    American Express    Check   **Total = \_\_\_\_\_ USD**

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_ / \_\_   CVV #: \_\_\_\_\_

Signature \_\_\_\_\_

Mail	Online	Email	Telephone
Vertical Flight Society 2700 Prosperity Suite 275 Fairfax, VA 22031	<a href="http://www.vtol.org">www.vtol.org</a>	<a href="mailto:membership@vtol.org">membership@vtol.org</a>	1-703-684-6777