

Central Mississippi Light Flyers (CMLF)

Membership Application Form

(Please Print)

Name _____

Address _____

City, State, ZIP _____

Email address _____

Cell phone _____

Home phone _____

Occupation _____

This is to certify that I have received and read a copy of the CMLF Safety Rules and Bylaws, and I fully understand my membership obligations to CMLF.

Signature _____

Date _____

My CMLF Sponsor / Mentor - Signature _____

Date _____

CMLF contact information:

Bill Lehr, Treasurer CMLF
106 Park Place
Brandon, MS 39042

Cell - 601 842 6346

CMLF official website: <http://www.cmlfclub.com>