

Request Change in Membership Status

Quad City Area Flying Eagles, Inc.
6152 76th Avenue – Apt. D
Milan, IL 61264

Please print or type:

Name: First, middle initial, Last _____

Address: (Home and billing) _____

City, State, Zip _____

Phones: Home _____ Cell _____ Work _____

Email _____ (REQUIRED)

Change my status in the club to:

_____ **Inactive**

_____ **Active**

_____ **Terminated Membership**

Changes to inactive or terminated status require (2) full calendar months written notice. You are obligated to pay dues until your change is effective.

Changing from inactive status to active status requires a payment of \$20 in addition to a commitment minimum of (2) months dues.

Please see the club bylaws at www.qcflyingeagles.com for more information.

Reason: _____

Requested Effective Date for Inactive or Terminated status only (if different from today's date + (2) calendar months) _____

I hereby request a change in my membership status in the Quad City Area Flying Eagles Club, Inc.

Signature: _____ Today's Date _____

Signature of parent or guardian, if under 18 years old: _____