Friends of The Ninety-Nines

PO Box 950374, Oklahoma City, OK 73195-0374 USA
Phone: 844-994-1929 405-685-7969 Fax: 405-685-7985
Website: www.ninety-nines.org/friends
Email: Friendsof99s@ninety-nines.org

Application for Friends of The Ninety-Nines

Membership Benefits Include:

- Friends of The Ninety-Nines lapel pin
- Friends of The Ninety-Nines cap (first year of membership only)
- Half-price entry to the Museum of Women Pilots
- 10% discount in the Museum of Women Pilots gift shop
- Option to register to attend The Ninety-Nines International Conference, seminars, banquets, and tours
- Register as an instructor on Ninety-Nines "Find an Instructor" page
- Friends of The Ninety-Nines decal
- Annual subscription to the 99s Magazine (non-US Friends: digital)
- Half-price entry to the Amelia Earhart Birthplace Museum
- 10% discount in the Amelia Earhart Birthplace Museum gift shop
- Option to register guests to attend The Ninety-Nines International Conference, seminars, banquets, and tours

Type of Membership: ◯ New Friend ◯ Renewing Friend ◯ Reinstating Friend

Name of Friend of The 99s _____

Preferred/Nickname _____

Address _____

Address2 _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Primary Contact Number _____

Email _____

It is very important that we have an email address for you. This is the primary means of communication for Friends of The Ninety-Nines.
Your information will not be shared with anyone outside of The Ninety-Nines and the Friends of The Ninety-Nines.

_____ Year(s) ***(Select 1, 2, 3, 4 or 5)***

_____ Dues Payment *($50.00 times number of years)*

_____ Donation to The Ninety-Nines, Inc.

_____ Donation to Other, (Please list) _____

_____ **Total Payment Included**

*If you become a Friend after September 30, your membership will include the following year at no additional cost.

☐ Please check if this is a gift. If applicable, name of person giving this gift: _____

Email address of person giving this gift: _____

Payment Information

◯ Check ◯ Money Order ◯ American Express ◯ Discover ◯ MasterCard ◯ Visa ◯ Square

If paying by Credit Card, please provide the following information:

Cardholder's Name as it appears on the card _____

Credit Card # _____ CCV code _____ Expiration Date (mm/yyyy) _____

Credit Card Billing Information: Address _____

City, State/Province, Country, Postal Code _____

Signature for Credit Card Authorization _____

Total Payment: $ _____ If paying by Check, please make payable to "Friends of The Ninety-Nines"

I hereby apply for membership in Friends of The Ninety-Nines, Inc.*

Signature: _____ Date: _____

☐ Check if you wish to opt out of receiving the 99s magazine. ☐ If this is a gift, check here if renewal notices should be sent to person giving this gift.

Please return this completed form and payment to the address shown above. If preferred, call 99s Headquarters at 844-994-1929 with your payment information.