



LOS MEDICOS VOLADORES (LMV)

The Flying Doctors

Membership Application

Please fill out and mail check for \$45.00 (tax deductible annual dues) to the chapter(s) of your choice at the address indicated below:

- Preferred Chapter** [] South Bay (Based in San Jose; serving Mexico & S. California)
(Choose Only One) P.O. Box 445, Los Gatos, CA 95031-0445
[] Gold Country (Based in Auburn; serving Mexico & S. California)
P.O. Box 6467, Auburn, CA 95604
[] High Sierra (Based in Truckee; serving Mexico & S. California)
P.O. Box 8234, Truckee, CA 96162
[] Reno Chapter (Based in Reno; serving Mexico & S. California)
7661 Autumn Ridge, Reno, NV 89523
[] Central America Chapter (Central America trips regardless of
your U.S. location.) 755 E. William Street, San Jose, CA 95112

Member Information [] Health Care Professional [] Pilot [] Interpreter [] General

Name: _____ Birth Date: _____ Weight: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Passport #: _____ Expiration Date: _____

Medical Professional: (Attach a Copy of Your Diploma, Current License & Passport –
Specialists Need to Attach a Copy of Their Curriculum Vitae)

Profession (Please Indicate Skills): [] Medical [] Dental [] Optometry [] Chiropractic

[] Other/Specialty _____ License #: _____ Exp. Date: _____

Pilots: (Attach a Copy of Your Pilot's License and Current Medical Certificate)

Note: To become an LMV Pilot-In-Command you must have at least 500 hours, be IFR Rated,
and meet certain other requirements. Please refer to www.flyingdocs.org/pilots.htm for more
information.

Pilot Ratings: _____ Hours-To-Date: _____ License #: _____

Spanish Language Proficiency

(Please indicate proficiency level.): [] None [] Conversational [] Fluent

Interpreters: Healthcare vocabulary/other related proficiencies? _____

General Volunteers

How would you like to help us? _____

(Examples: Use my professional skills, serve on committees, assist health care teams, etc.)

Emergency Notification: *(Person to Notify in Event of Emergency)*

Name: _____ Relationship: _____

Street Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Additional Information

Hobbies, Special Interests and Talents: _____

How did you hear about us? _____

Other comments: _____

Proxy Vote

In my absence this application allows the Chapter President, Vice-President, Secretary or Board Member my proxy on any corporate matter that requires a vote from chapter members.

Date: _____ Signature: _____