APPLY AVTRIP®

Please sign and mail to: Avtrip Program
Avfuel Corporation
PO BOX 1387
Ann Arbor, MI 48106-9801

UNITED STATES SOCIAL SECURITY # OF APPLICANT* ___-___-____

REQUIRED TO RECEIVE US SAVINGS BOND
(You may apply online or by phone if you do not wish to send by mail)

If you would like someone else to receive the bonds you earn, please fill out the red box below.

NAME* First Initial Last

ADDRESS* Street

CITY* **STATE*** **ZIP***

COUNTRY **COMPANY**

E-MAIL* **HOME PHONE** ___-___-____

TAIL NUMBER(S)* (Indicate fractional at right)
☐ Fractional ☐ Private ☐ Charter

CELL PHONE* ___-___-____

TYPE(S) OF AIRCRAFT YOU FLY*
☐ SINGLE ENGINE ☐ MULTI-ENGINE ☐ HELICOPTER ☐ None
☐ Piston ☐ Turbine ☐ Turbo-Prop ☐ Turbo-Jet

PILOT CERTIFICATION*
☐ Private ☐ Commercial ☐ None
☐ ATP ☐ CFI

AIRCRAFT WEIGHT*
☐ 0-12,500 ☐ 12,500-20,000 ☐ 20,000-30,000 ☐ 30,000+

HOW DID YOU FIND OUT ABOUT AVTRIP?
☐ FRIEND ☐ WEBSITE ☐ FBO ☐ TRADESHOW ☐ MAGAZINE AD ☐ OTHER

☐ **I WANT TO EARN MY BONDS FOR SOMEONE ELSE!**

If the bond is to be earned in the name of someone other than yourself, please provide the applicable information below:

NAME* First Initial Last

ADDRESS* (if different than above) Street **STATE*** **ZIP***

CITY* **US SOCIAL SECURITY # *** ___-___-____

CHECK APPLICABLE BOX: ☐ Child ☐ Spouse ☐ Other

*** = REQUIRED FIELDS**

By signing, I agree to the AVTRIP guidelines found at www.avfuel.com/avtrip

SIGNATURE

I WAS REFERRED BY:

REFERRING AVTRIP MEMBERS RECEIVE **500 BONUS POINTS*!**

REFERRING MEMBER NAME **AVTRIP ID #**

*Points are awarded upon referral member's initial fueling.