

AMPUTEES IN MOTION FOR FUN (AIM) MEMBERSHIP APPLICATION

Join AIM and receive our printed newsletters and information on special events. Please print this form, complete the information and mail to:

Amputees in Motion
P. O. Box 19236
San Diego CA 92159

Name _____

Address _____

City _____ State _____ Zipcode _____

Home phone: _____ Work phone: _____

E-mail Address: _____

Individual Member _____ Family _____ Lifetime Member (\$200) _____

Type of Member:

_____ Member (Amputee)
_____ Associate Member (non-amputee)

Would you like to be:

_____ Active (Participate in AIM's activities)
_____ Inactive (Membership donor only)

Donations are much appreciated.

Male _____ Female _____ Birth date ____/____/____

Reason for amputation _____

Do you use an artificial limb? Yes _____ No _____ Age at time of amputation _____

Type of amputation AK (above knee) _____ BK (below knee) _____ Right _____ Left _____

AE (above elbow) _____ BE (below elbow) _____ Right _____ Left _____

Bi-lateral (missing both arms or legs) Arms _____ Legs _____

Occupation _____

Occupation of spouse _____

Reason you are interested in membership in AIM _____

Questions/ comments _____
