Gila and Salt River Base and Meridian Hot Air Balloon and Airship Social Society, Inc.

Membership Application Gila & Salt River Base & Meridian Hot Air Balloon & Airship Ascension Social Society, Inc. Thank You Very Much for Your Support!

Annual Membership Type: Indivi	idual (Dues \$30) or H	fousehold (Dues \$35)
		led Life Membership
Individual Information Please F	Fill in All Spaces!	
First Name:		
Address:		
City:Sta		
Contact Me At - Mobile:	Home	e:
Email Address:		
My Birth Date is - Month:		
<mark>I am a</mark> - Crew Person: BFA M		Rating: Private Pilot:
Wings Participant: Co	ommercial Pilot	
Which of the following committe	· · ·	_
Calling Community Relation	s Competition M	lembership Newsletter
Picnics/Social Raffle		
Household Information**- Com		
** List other members of the hou	sehold and their informati	ion on the back.
First Name:		
Address:		
City:Sta		
Contact Me At - Mobile:		
Work:	FAX:	
Email Address:		
My Birth Date is - Month:	Day:	
<mark>I am a</mark> - Crew Person: BFA M	Member: BFA Crew R	Rating: Private Pilot:
Wings Participant: Co	ommercial Pilot	
Which of the following committee		
which of the following committee	ee(s) will you volunteer to	help with?
_	•	•
Calling Community Relation Picnics/Social Raffle	•	•

Return Application with Membership Dues (Checks payable to Arizona Balloon Club C/O Membership Chair **Sandy Osborne**, 3929 W. Palo Verde Dr., Phoenix, AZ 85019, Email: sandyosborne@cox.net

Additional Household Member Information- Complete for Members of the Household

1 Hot I wille.	Last Name:	
Address:		Unit/Apt#:
City:	State or Country:	Zip Code:
	Home:	
	FAX:	
Email Address:		
My Birth Date is - Month:	Day:	
· · · · · · · · · · · · · · · · · · ·	BFA Member: BFA Crew Ratin Commercial Pilot	g: Private Pilot:
_		
Additional Household Me	ember Information- Complete for l	
Additional Household Me	ember Information- Complete for I	
Additional Household Me First Name: Address:	ember Information- Complete for Last Name:	Unit/Apt#:
Additional Household Me First Name: Address: City:	Last Name:State or Country:	Unit/Apt#: Zip Code:
Additional Household Me First Name: Address: City: Contact Me At - Mobile:	Last Name:State or Country:Home:	Unit/Apt#: Zip Code:
Additional Household Me First Name: Address: City: Contact Me At - Mobile: Work:	Last Name: State or Country: Home: FAX:	Unit/Apt#: Zip Code:
Additional Household Me First Name: Address: City: Contact Me At - Mobile: Work: Email Address:	Last Name: State or Country: Home: FAX:	Unit/Apt#: Zip Code:
Additional Household Me First Name: Address: City: Contact Me At - Mobile: Work: Email Address: My Birth Date is - Month:	Last Name:State or Country:Home:FAX:	Unit/Apt#: Zip Code:
Additional Household Me First Name: Address: City: Contact Me At - Mobile: Work: Email Address: My Birth Date is - Month: am a - Crew Person:	Last Name: State or Country: Home: FAX: Day:	Unit/Apt#: Zip Code: