New Member Application

Name:	
EAA#:	_ EAA Expiration Date:
Active Pilot (Y/N):	_ Ratings/Certificates:
Spouse/Partner Name:	
Street Address:	
City:	State: Zip:
Phone: ()	
Email Address: (Your email address is used	d for newsletters and group member email list, not shared.)
Aircraft Owned/Restorir	ng/Building:
Would you like to volunt	teer for Young Eagle events? (Y/N):
You may pay dues to th	e PayPal account: <u>Treasurer.EAA1016@gmail.com</u>
Or pay by check to the	address below.
Date:	_ Payment Method
Payment taken and reco Initial Payment – \$25; Fami Annual renewal – \$25, paya	ly membership – \$35
EAA Chapter 1016 PO Box 904 Horse Shoe, NC 28742	

New Members

Welcome to Chapter 1016! Please describe a little about yourself and your interest in aviation. This information will be shared with chapter members in our chapter newsletter.

1.	Are you presently active in EAA programs? (Young Eagles, Flight Advisor, Technical Counselor, etc.)
2.	What is your present occupation? (If retired, please describe your work career.)
3.	How did you get started in aviation?
4.	What is your aviation background?
5.	Any other hobbies that you'd like to share?