

EAA Chapter 790 2020 Membership Form - Please Print

First Name: _____

Last Name: _____

Spouse: _____

EAA Membership Number: _____ (Must be an EAA member)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____/____-____ Cell Phone: ____/____-____

Email Address: _____

Own Aircraft: yes or no Model or Type: _____

Aircraft Project: yes or no Model or Type: _____

For Young Eagles

If you have completed Youth Protection training, what was the date _____ If you have completed the background check, what was the date _____

Dues

\$25.00 - Family/Individual Renewing Membership _____

\$10.00 - Family/Individual First-Time Membership _____

\$10.00 - Out of State Membership _____

Free - Student/Youth Membership (under 23) _____

Please include your date of birth here _____

Please make checks payable to "EAA Chapter 790" and bring with this form to a member meeting or mail to: EAA Chapter 790, PO Box 685, Crystal Lake, IL 60039-0685