

**AL COREY EAA CHAPTER 1303  
MEMBERSHIP APPLICATION/INFORMATION UPDATE**

**APPLICANT INFORMATION:**

NEW:                      RENEWAL:                      YEAR:

Name:

Date of birth:  
(optional)

EAA#:

Phone:

Current address:

City:

State:

ZIP Code:

E-mail:

Please complete spouse information below **if** application is for family membership.  
National EAA family membership is required.

**SPOUSE INFORMATION FOR FAMILY MEMBERSHIP:**

Spouse Name:

E-mail:

Date of birth:  
(optional)

EAA#:

Phone:

**SIGNATURES:**

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse:  
(family membership only)

Date:

**FOR CHAPTER USE ONLY:**

TYPE MEMBERSHIP:    Individual \_\_\_    Family \_\_\_    Approved \_\_\_\_\_    Date: \_\_\_\_\_