

Membership Application

The following information will be shared in our membership roster. If you want to keep you phone, address, or email private, just check the appropriate "private" box.

First Name:	Last Name:								
Nickname:	_ EAA#:								
Spouse/Partner Name:									
Street Address:				☐ Private					
City:	State:	Zip:		☐ Private					
Home Phone: ()		_ 🗆 Private							
Cell Phone: ()		_ 🗆 Private							
Birthdate:	_ Private								
Email Address:				☐ Private					
Ratings / Certifications:									
Aircraft Owned:									
Aircraft Project / Built:									
Would you like to participate in our VMC or IMC Club? ☐ Yes Would you like to volunteer for Young Eagle Events? ☐ Yes Would you like to fly Young Eagles as a pilot? ☐ Yes				□No □No □No					
					Would you like to fly Eagle Flights (adults) as a pilot? ☐Yes			□Yes	
					Date:				
	to "EAA Chapter Membership Coor 6195 9 th	rdinator, Susie N Ave Circle NE , Florida 34212	lajesky	org					
EAA 180 Dues Payment Received	Date:	Payment N	Method: _						
Payment Accepted By:	CI	hapter Member	Exp Date:						