

## **Member Application**

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

First Name: L	ast Name			
Nickname:	EAA#:			_
Spouse/Partner Name:	I	Nametag fo	or spouse	\$10? □ Yes □ No
Street Address:				□ Private
City:	State:	Zip:		
Home Phone: ()		☐ Privat	е	
Cell Phone: ()		_ □ Private		
Email Address:				_ □ Private
Ratings/Certificates/Skills:				
Aircraft Owned:				
Aircraft Project:				
Aircraft Built:				
Would you like to participate in our IMC Club?		□ Yes	□ No	
Would you like to volunteer for Young Eagles	events?	□ Yes	□ No	
Would you like to fly Young Eagles:		□ Yes	□ No	
Would you like to fly Eagle Flights:		□ Yes	□ No	
Date: Paymo	ent Method: _			
Dues: Initial Payment - January through June Please submit your dues payable to "EAA Cha Membership Coor	pter 252" to:			\$10.
	narratt Drive h, WI 54901			
(920) 573-3381	•		1	
EAA 252 Dues Receipt: Payment Date:	 Payı	– – – ment Meth	<b></b> od:	

Chapter Member Exp Date: \_\_\_\_\_

Payment Accepted By: \_\_\_\_\_