



GAA Membership Application "2025"



_____ \$20.00 Enclosed for a "Single" Membership
_____ \$30.00 Enclosed for a "Family" Membership

Member's Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: () _____

Cell Number: () _____

E-Mail Addresses: **(REQUIRED)**

All info provided will be available to other GAA members unless otherwise requested.

Crew___ Student___ Private___ Commercial___ Observer___ Enthusiast___

Wings Level_____ CAAP Level_____ PAAP Level_____

Any additional thoughts for improving the club? _____

Please make CHECKS payable to: **GATEWAY AEROSTATIC ASSOCIATION**

You may drop off this application at one of the upcoming meetings, deliver to Scott Wooge at LTA Services or mail it to:

Gateway Aerostatic Association (GAA)

c/o Scott Wooge

5651 Hillcamp Court

St. Louis, MO 63128