



GAA Membership Application "2015"



- _____ \$20.00 Enclosed for a "Single" Membership
- _____ \$30.00 Enclosed for a "Family" Membership
- _____ \$10.00 Enclosed for a Electronic "Newsletter Only" Subscription

Member's Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: () _____

Work 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, delivery to either LTA Services or mail it to:

Gateway Aerostatic Association (GAA)
c/o Scott Wooge
3609 Summer Brook Court
St. Louis, MO 63129