

GAA Membership Application "2026"



	\$20.00	Enclosed	for a	"Single"	Membershi	p
	\$30.00	Enclosed	for a	"Family"	Membershi	p
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Member's Name:								
Family Member/Spouse's Name:Address:								
City:		Zip:						
Home Number:								
E-Mail Addresses: (REQUIRED)								
All info provided will be available to oth requested.	er GAA membe	rs unless otherwise						
Crew Student Private Comm Wings Level CAAP Level Pr								
Any additional thoughts for improving t	he club?							

<u>Please make CHECKS payable to</u>: **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