

MONTGOLFIER SOCIETY OF INDIANA MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP(S)

Membership includes subscription to the Montgolfier Newsletter and voting rights on Society issues. All items marked with an * are optional – share some personal facts with the membership so we can get to know each other better!

Annual Individual (\$10.00) Life Individual - New (\$200.00) Life Individual - Existing

Name: _____ *Date of Birth: _____

Address: _____

Telephone: Home () _____ Work () _____ Fax () _____

E-mail – To receive newsletters electronically: _____

Do you prefer to receive newsletters via E-mail or Standard Mail? _____

*Spouse/Partner Name: _____ *Date of Birth: _____

*Children: _____

Please indicate your current status:

Pilot: Yes No Rating: _____ PAAP Rating: _____
Observer: Yes No Class: _____
Crew: Yes No CAAC Rating: _____

Additional Family Membership(s) (\$5.00 for each person in same household) Family memberships do not receive an additional printed newsletter, but do have voting privileges. Use a second sheet of paper for additional memberships as needed.

Name: _____ *Date of Birth: _____

Telephone: Home () _____ Work () _____ Fax () _____

E-mail – To receive newsletters electronically: _____

Please indicate your current status:

Pilot: Yes No Rating: _____ PAAP Rating: _____
Observer: Yes No Class: _____
Crew: Yes No CAAC Rating: _____

BALLOON INFORMATION “Flying Name”: _____

Make: _____ Model: _____ Style/Size: _____ N Number: _____

COMMENTS: (Please indicate any contributions you can make to better the Society. We are a volunteer organization!)

Make checks payable to: **The Montgolfier Society**

Mail application to: **The Montgolfier Society, Membership Chair, PO Box 774, Carmel, IN 46082**