EAA Chapter 400 Membership Enrollment Form

Name: _____ _____ _____ Age: _____
LAST FIRST M.I.

Street: _____ City: _____ State: ___ Zip: _____

Telephone: (____) ____-_____ E-mail: _____@_____.____

Are you a pilot? ___ Yes ___ No If yes, supply details (ratings, time, etc.)
_____

Do you own a flying machine? ___ Yes ___ No If yes, supply details:
_____
_____

Besides aviation, what other hobbies do you have? _____
_____

What is your current occupation? _____

What other occupations have you had? _____
_____

Do you possess any special or unusual skills? _____
_____

Note: Failing to provide all the requested information will **not** affect your membership. We realize some people are reluctant to provide personal information. The reason we are so nosy is that it sometimes helps the organization if we need someone with special skills or knowledge and we can find that person by the information provided. None of your information will be used outside the organization.

Mail this form and a check for $20.00 to the following address or bring both in person to the next meeting. Thank you and welcome!

John Leitis, treasurer
817 Roosevelt Ave.
Roaring Spring, PA 16673