

# MEMBERSHIP APPLICATION FORM



The Canadian Balloon Association  
L'Association Montgolfiere Canadienne

**I would like to join the Canadian Balloon Association (please print legibly):**

**DATE :**

Name:			
Street:			
City:	Province/State	Postal Code/Zip	
Phone: (Home)	(Cell)	(Fax)	
E-Mail:			

**Please indicate membership type:**

Individual Membership: \$ 65.00

Corporate Membership: \$ 65.00

**The following information is for CBA records:**

Pilot License:	Hrs. PIC:	Year licensed:
Instructor Endorsed:	Night Endorsed: <input type="checkbox"/>	Gas Endorsed:
	Authorized Person:	Airship Endorsed
Student Pilot	Observer: <input type="checkbox"/>	Birth Date (optional):

I consent to the Canadian Balloon Association distributing my name and contact information for the purpose of Canadian Balloon Association related matters only as well as publication in the password-protected members-only area of the Canadian Balloon Association website.

Yes   
No

Signature: \_\_\_\_\_

**If you are a corporate member who will be your representation that will hold the voting authority?**

Name:	
Email:	Phone Number:

**Notes:**

- Membership is valid January 1<sup>st</sup> through December 31<sup>st</sup>.
- Make cheque payable to the Canadian Balloon Association and submit to:

**CBA Membership Coordinator: c/o Cliff Skocdopole, RR#1, Condor, AB T0M 0P0**