

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:	Commercial Pilot:
Student Pilot	Observer: <input type="checkbox"/>	Birth Date:

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 1st through December 31st.
- Make cheque payable to the Canadian Balloon Association and submit to:

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

E-Transfers can be made to associationcanadianballoon@gmail.com