



International Aerobatic Club- Chapter 1

Membership Application

New Application _____ Renewal _____ (Check)

Date _____

Name: _____ Email: _____

Hm Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

*Current Membership in EAA and IAC National is Required for Chapter Membership

EAA Number and Exp Date: _____

IAC Number and Exp Date: _____

Calendar Year Fee \$30, New members joining 6/1 or later \$15.

10% discount for additional years, purchased in advance.

Year/Years Applied for: _____ Total Due: _____

Amount Attached: _____ Cash _____ Check _____

Interests: Proficiency _____ Judging _____ Competition _____ Construction _____ Other _____

Approved By: Sign _____ Print _____

Date: _____

Completed Application and Fees should be forwarded to: David Scott, Treasurer IAC 1
PO Box 212
Shawano, WI 54166

Application Subject to the Approval of the Board of Directors. Fee refunded if rejected.