



Great Eastern Balloon Association

David Lee, Membership Chairman
21 Jay Street
Succasunna, NJ 07876-1809
dtleemlhs@aol.com

Membership Dues For: 2010

To: Name :
Street Address:
City, St, Zip:

Primary Member Data H Phone: BFA #:
W Phone: Balloon Owner (Y/N):
FAX: Cell phone:
Email: Pilot #:

Status
(check one box) Associate Commercial Pilot Crew
 Flight Examiner Honorary Observer
 Private Pilot Repair Station Student Pilot

Dues Data
(check one box) \$25 – Pilot Member – (Holds FAA LTA Pilot Certificate)
 \$20 – Associate – (Student, Crew, Other Without FAA LTA Certificate)
 \$35 – Family – (Covers All Individuals In The Same Household)

Interest Areas (indicate one or more areas of optional interest)
 Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee

Expertise

Dues are payable, in full, when you join the association and are renewable on January 1st of each year. Please carefully review the information on this form. Make any additions, changes or corrections to the data by crossing out the old information and writing in the new information.

Return this form with your check made payable to: GEBA, Inc to the name and address at the top of this form.

Thank You For Your Prompt Response!

For “Family” Member Data – See The Other Side Of This Form

For GEBA Use Only Date Rcvd: _____ Check #: _____ Check \$: _____

If you refer two (2) members, who were NOT GEBA members during 2009, your 2010 dues are half (1/2) the 2010 member rate. Please list their names: _____

Do you wish to lock in the dues rate by paying for three (3) years? Check one Yes No

Please check the box if you wish to get emails concerning GEBA competition events.

**Use The Area Below To Record Information For Additional Family Members
(each individual must be over 14 years of age and live in the same household)**

Name: Status:
Work: BFA #:
FAX: Balloon Owner (Y/N):
Email: Pilot #:
Cell:

Interest Areas (indicate one or more areas of optional interest)

Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee Safety Seminar

Name: Status:
Work: BFA #:
FAX: Balloon Owner (Y/N):
Email: Pilot #:
Cell:

Interest Areas (indicate one or more areas of optional interest)

Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee Safety Seminar

Name: Status:
Work: BFA #:
FAX: Balloon Owner (Y/N):
Email: Pilot #:
Cell:

Interest Areas (indicate one or more areas of optional interest)

Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee Safety Seminar

Name: Status:
Work: BFA #:
FAX: Balloon Owner (Y/N):
Email: Pilot #:
Cell:

Interest Areas (indicate one or more areas of optional interest)

Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee Safety Seminar

Name: Status:
Work: BFA #:
FAX: Balloon Owner (Y/N):
Email: Pilot #:
Cell:

Interest Areas (indicate one or more areas of optional interest)

Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee Safety Seminar

Name: Status:
Work: BFA #:
FAX: Balloon Owner (Y/N):
Email: Pilot #:
Cell:

Interest Areas (indicate one or more areas of optional interest)

Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee Safety Seminar