The Balloon Association of Greater Illinois

1430 E. Fairchild Street
Danville, IL 61832

Membership Application

Print this form and mail with your membership fee to the address above.

Please accept my application in the following category:
( ) Individual Membership $20.00/year
( ) Family Membership $30.00/year

I would like to receive the newsletter by:
( ) US Mail
( ) E-Mail (Adobe Acrobat File)

Name:_____

Address:_____

City:_____ State:_____ ZIP:_____

E-Mail:_____

Status: ( )Comm Pilot ( ) Private Pilot ( ) Crew

Balloon Name (if owner): _____

Birth Date (no year) _____/_____ (month/day)

Phone Home : _____ Cell: _____

Add your Family Members information here			
Name	Birthday mm/dd	Status	Email