



Experimental Aircraft Association, Chapter 44
www.eaa44.org

Membership Application
(Please Print)

Last Name: _____ First: _____ MI: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

National EAA #: _____ National Renewal Date: _____

Occupation: _____

My interests in joining EAA 44 are: _____

List GA Flying Aircraft You Currently Own (Make, Model, Year): _____

List Homebuilt/Restoration Projects (Make, Model, % Completion): _____

Pilot Certificate Type: _____

Pilot Ratings: _____

Estimated Total Flight Time: _____ hours

Spouse/partner's Name: _____

Please list any useful skills that might benefit EAA 44: _____

Any questions, contact EAA 44's Treasurer, Gail Isaac - 585-352-1205
Please mail completed form and a check in the amount of \$30 (spouses
of members and students \$15) payable to "EAA Chapter 44 to:

Gail Isaac
EAA Chapter 44
6 Clearview Drive
Spencerport, NY 14559