

MINNESOTA BALLOONING ASSOCIATION

MEMBER PROFILE / APPLICATION

Member Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Bus Phone: _____

Email: _____

Fax: _____

Web Page: _____

BFA Member Information:

Not a Member: _____

BFA Member #: _____

PAAP Level: _____

Crew Level: _____

Pilot Experience:

Not a Pilot: _____

Student: _____

Private: _____

Commercial: _____

License #: _____

Hours PIC: _____

First Solo (Mo/Yr): _____

Student (mo/Yr): _____

Private (Mo/Yr): _____

Commercial (Mo/Yr): _____

Crew Experience:

Makes and Models

First Crewed (Mo/Yr): _____

Aerostar: _____

Cameron: _____

Approximately # of Flights crewed: _____

Barnes: _____

Lindstrand: _____

Other: _____

Describe experiences: _____

Balloon Information:

Do NOT own a Balloon: _____

Year: _____

Make/Model: _____

Size: _____

N#: _____

TTHours: _____

Description: _____

OFFICE USE ONLY:

ADULT (VOTING) MEMBER

_____ INDIVIDUAL

_____ SPOUSE

YOUTH (NON VOTING) MEMBER

_____ YOUTH (Individual)

_____ YOUTH (Family Members)

RECD BY: _____

DATE: _____

CK#: _____

CASH: _____

AMT: _____

MEMBERSHIP YEAR: _____

PIN: _____