

Central Valley Aviation Association Membership Application or Update

Name:	Memb	ership: Single	Family
Spouse's Name (If family membership):		(we encourage fan	nily membership)
Address:			
Street	, City	, State:	Zip:
Telephone:			
Home:, Work:	, Cellular:		
Email address:		(Print c	arefully)
I would like to receive the Plane Scoop via e-mail: Ye	s, No		
Airplane (you usually fly):			
Type:, N number:	, Colors):		
Date of birth (just the month and day—not the year):			
Primary member:, Spouse:	·		
How many years have you been a member of CVAA?	estimat (estimat	es are OK)	
CVAA Service:			
Please list any offices or committee positions in which	h you are interested in	serving:	
Please list any talent or skills you have that you would	d be willing to use to se	rve CVAA:	
This information will be printed in our Club roster and distrinot want to appear in the Club roster.	buted to members only. P	lease omit any info	rmation you do
Mail application, with \$20 single membership or \$25 to Sarah Donaldson 1959 Gateway Blvd., Suite 102 Fresno, CA 93727	for a family membershi	p to:	
If you have already paid your dues please complete the	ne form anyway and ma	il it or hand it to	Mable Smith.
Comments or suggestions:			