



MEMBERSHIP APPLICATION FORM

CONFIDENTIAL

Select Membership Type:

Regular **60.00** Student **24.00*** Family **108.00** Lifetime **720.00**

Personal Information *(Please Print)*

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip: _____ Country/Province: _____

Phone: _____ Email: _____

Profession/Type of work: _____ Employer: _____

If a student, School: _____ Grade: _____

What are your aviation goals?: _____

- Include me in the members only networking online directory: Y N
- Include my name and occupation in the mentors list in the members only section of the CAA website: Y N
- *Personal information will not be shared or posted to the public unless permission is granted by the member.*

Referral Information (optional)

Referred by CAA member: _____ CAA member number: _____

Payment Information

- Cash, money order or check (please mail to Catholic Aviation Association, P.O. Box 90230, Indianapolis, IN 46290)
- Credit/debit card online payment (payable over 12 months, if desired)

Signature: _____ Date: _____

* "Student" is defined as ages 14-18 or up to 26 for full time student status