

MEMBERSHIP APPLICATION FORM

www.gmaa.aero

Name _____

Title _____

Company _____

Address _____

City _____

State _____ Zip code _____

Office Phone _____

Fax _____

Email address _____

Amount Enclosed

Corporate Membership \$500/year
(Please include name(s) and email(s) for up to THREE individuals. Additional firm members may be added for \$75 each)

Please enter name(s) and emails of individuals

Individual Membership \$150/year

Please enter name of individual

Senior Membership

\$50/year

(Include date of birth _____ (Must be 65 or older))

Please enter name of individual

Student Membership from

FREE/year

(Must be aviation student carrying 6 or more credit hours)

Please enter name of individual

Please complete this form and return it with your payment to the following address, fax or email:

GREATER MIAMI AVIATION ASSOCIATION

P.O. Box 66-0834

Miami Springs, FL 33266-0834

Ph: 305-884-4300

Fax: 786-513-3770

membership@gmaa.aero

www.gmaa.aero