

Check Preferred Mailing Address _____ Update _____ New
____ Company _____ Home _____ Operator
____ Pilot
____ Ground Crew

Name:

Home Mailing Address:

City: _____ State: _____ Zip Code: _____

Cellular: _____ Spouse: _____

E-Mail: _____ Home Phone _____

Company Information

Flying Service:

Company Mailing Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ County: _____

Fax: _____ E-Mail: _____

As A Pilot

2011 AG Hours _____ Total Flying Hours: _____ AG Hours: _____

Type of Guidance System:

Plane N#(s):

Privately Owned Airstrip: _____ or Airport Facility: _____

Type Of Certificates / Ratings:

I Agree To: If accepted by the Arkansas Agricultural Aviation Association, I agree to abide by the Constitution and By- Laws of the Association.

Date: _____ Signature: _____

Due Structure: Operator/Manager \$110.00 Pilot \$55.00 Ground Crew \$38.50
Operators should only pay as an operator.
Please enclose Data Sheet for each person or attach a list including data

Make Check: Arkansas Agricultural Aviation Association (AAAA)

Mail Check: Arkansas Agricultural Aviation Association
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