



Membership Application/Renewal

Original Application _____ Renewal _____

Individual Name _____

Title _____ E-Mail _____

Company or Organization _____

Address _____ City/State/Zip _____

Physical Location (if different from address) _____

Office Phone _____ Mobile (optional) _____ Home phone (optional) _____

Aircraft Model(s)/ Registration#(s)(if applicable) _____

Type Membership (Please fill out one form per individual or company representative.)

- Individual Member (voting) \$35.00
(Pilot, Mechanic, Aircraft Owner, Aviation Interest)

- Regular Member (voting) \$100.00
(Corporate Aircraft, FBO, Flight School,
Aviation Related Business Operator/Owner)

- Affiliate Member (non-voting) Exempt
(Government Agencies, Educational Institutions,
San Antonio area residents)

- Associate Member (non-voting) \$35.00
(Business/individual not directly involved in business aviation)

Make checks payable to *San Antonio Area Business Aviation Alliance*.

Return to: SAABAA, P. O. Box 460608, San Antonio, TX 78246-0608.

FOR OFFICE USE ONLY:

Date Received _____ Amt Received _____ Data Base Entry _____