

Balloon Society of Kentucky, Inc.

P.O. Box 7661, Louisville, KY 40257-0661

Membership Application/Renewal

(All memberships expire December 31 each year)

Name: _____

*For renewals, **only** fill in information that has changed from last year.*

Address: _____

City: _____ State: _____ Zip: _____

Birthday: (M)_____ (D)_____ Pilot: () Crewmember ()

Phone: Home: _____ Work: _____

Cell: _____ FAX: _____

E-mail address: _____

Do you want to receive the newsletter by e-mail? Y() N()

Spouse: _____ Birthday: _____

Children: _____

Sponsor (New members only): _____

Dues: Regular Member renewal	\$25.00	()
Family Member*	\$10.00	()
Corporate membership**	\$50.00	()
Total:	_____	

*There must be one regular member in the same household. Family members do not receive the Roster or the printed Newsletter.

** Corporate membership includes one regular membership with no addn'l fee

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