

# Missouri State Aviation Council

## Membership Application

Date: \_\_\_\_\_

To complete the form click on the area to be completed & fill-in the requested information or print form and complete

### Membership *Please check Membership Type*

<input type="checkbox"/>	<b>Airports:</b>	
<input type="checkbox"/>	500,000 enplanements or greater	<b>\$300</b>
<input type="checkbox"/>	150,000 -499,999 enplanements	<b>\$200</b>
<input type="checkbox"/>	100,000-149,999 enplanements	<b>\$150</b>
<input type="checkbox"/>	99,999 or fewer enplanements	<b>\$100</b>
<input type="checkbox"/>	General Aviation Reliever	<b>\$100</b>
<input type="checkbox"/>	General Aviation	<b>\$50</b>
<input type="checkbox"/>	Service Providers/FBOs	<b>\$100</b>
<input type="checkbox"/>	Corporations/Organizations	<b>\$150</b>
<input type="checkbox"/>	Non-Profit Corporations/Clubs	<b>\$50</b>
<input type="checkbox"/>	Individuals	<b>\$20</b>
<input type="checkbox"/>	Students	<b>\$10</b>

### Member Information

Full Name: \_\_\_\_\_ «**First Name**» \_\_\_\_\_  
Last First

Title: \_\_\_\_\_

Airport/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Ste. #  
City State ZIP Code

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Payment Information

<b>Membership Type</b>	
<b>Total Invoice Amount</b>	

Send payment due to:  Make checks payable to <b>MoSAC</b>	Missouri State Aviation Council Attn: Marquita Pace PO Box 681118 Kansas City, MO 64168	You may also email completed form to Marquita Pace at: mqtapace@gmail.com <b>Cell: 816-810-5706</b>
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