

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

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

Membership Type	
Total Invoice Amount	

Send payment due to: Make checks payable to MoSAC	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 Cell: 816-810-5706
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