

Great Eastern Balloon Association
Membership Dues for 2024



Return form and check payable to GEBA, Inc. to:

Robin Smith
375 Potomac Drive
Basking Ridge, NJ 07920
ATTN: GEBA

For your convenience register via credit card at: <https://gebaballoon.org/join-geba/>

Primary Member Data

Name: _____

Street Address: _____

City, St, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Verify: _____

BFA membership #, if applicable: _____

Status	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Crew
(check one)	<input type="checkbox"/> Flight Examiner	<input type="checkbox"/> Student Pilot
	<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Repair Station
Dues data	<input type="checkbox"/> \$25 – Individual Member[pilots and non-pilots]	
(check one)	<input type="checkbox"/> \$40 – Family[Covers Individuals In Same House, max is 5.]	

Areas of interest (indicate one or more areas of optional interest)

- Landowner Relations Social Committee Newsletter (*Skywriter*)
 Competition Membership Committee
 Please check this box to get emails concerning GEBA competition events.

Dues are payable, in full, when you join the association and are renewable on January 1st of each year. Please print carefully. Return this form with your check made payable to: "GEBA, Inc " to the address at top.

For Geba use only
Check # _____
Date Rcvd: _____
Check \$ _____

Use The Area Below To Record Information For Additional Family Members aged 14 and above living in the house

Name: _____

Cell Phone: _____ BFA membership #, if applicable: _____

Email: _____ Verify: _____

Status (check one)	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Crew	<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Repair Station	<input type="checkbox"/> Student Pilot
Areas of Interest	<input type="checkbox"/> Landowner Relations	<input type="checkbox"/> Social Committee	<input type="checkbox"/> Newsletter (<i>Skywriter</i>)		
	<input type="checkbox"/> Competition	<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Safety Seminar		

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Name: _____

Cell Phone: _____ BFA membership #, if applicable: _____

Email: _____ Verify: _____

Status (check one)	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Crew	<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Repair Station	<input type="checkbox"/> Student Pilot
Areas of Interest	<input type="checkbox"/> Landowner Relations	<input type="checkbox"/> Social Committee	<input type="checkbox"/> Newsletter (<i>Skywriter</i>)		
	<input type="checkbox"/> Competition	<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Safety Seminar		

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Name: _____

Cell Phone: _____ BFA membership #, if applicable: _____

Email: _____ Verify: _____

Status (check one)	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Crew	<input type="checkbox"/> Private Pilot	<input type="checkbox"/> Repair Station	<input type="checkbox"/> Student Pilot
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Cell Phone: _____ BFA membership #, if applicable: _____

Email: _____ Verify: _____

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