



CHICAGO AREA BUSINESS AVIATION ASSOCIATION

CABAA MEMBERSHIP APPLICATION FORM

Membership in CABAA is available in two categories: CORPORATE Membership which is in the name of a Company, Organization or legal entity (other than an individual), where there will be one Primary Contact, and unlimited Secondary Contacts from the *same* company (see reverse of form). An INDIVIDUAL Membership is available for non-affiliated individuals, seeking membership in their personal name. CORPORATE Membership dues are \$275 per calendar year, INDIVIDUAL Membership dues are \$50 per year, payable by Check or Credit Card to PayPal. If you are signing up today, please note that membership runs from January 1st to January 1st.

Mail, fax or email this completed form to: **Chicago Area Business Aviation Association, C/O Sandy Frentz, 37176 N. Cremona Avenue, Lake Villa, IL 60046 Fax: 817-977-6797, E-Mail to: info@cabaa.com**. ***If paying by check, make out to "CABAA" and mail with this form..***

Check Only One: Corporate Membership (\$275) *or* Individual Membership (\$50)

Check Only One: Check Attached *or* Paid by PayPal : Date: ___/___/___ PayPal # _____

Corporate Name: (n/a for Individual) _____

Primary Contact or Individual's Name: _____

Title or Job Description: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

E-Mail Address: _____

If aircraft operator, specify type(s): _____

Airport ID: _____ FBO (if applicable): _____

Comments (What Problems, Opportunities or areas should CABAA Address? What talent or time can you offer?):

(OVER for Additional Corporate Members)

Additional Corporate Members (Only):

The Primary Corporate members may designate Additional Corporate Members. They will be allowed to participate in all CABAA functions, but will only receive notices by E-Mail.

Name: _____ Phone: _____

Title: _____ E-Mail: _____

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