



MEMBERSHIP APPLICATION

I certify that the information, provided on this application, is true and correct, and agree to the membership criteria below. I agree to support the continued operation and growth of the Tracy Airport(s) and the Tracy Airport Association, friends of the airport and community. If I am pilot, I agree to “fly safe and friendly” and encourage all pilots using the Tracy Airports to follow published voluntary noise abatement procedures and safely avoid over-flight of noise sensitive areas. I agree to help ensure good relations between the residents of Tracy, our community and TAA. All Federal Aviation Regulations (FARs) apply. I acknowledge that failure to comply with the above criteria and/or support the mission of the TAA may result in termination of my membership without refund.

Name _____ Home Airport _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Fax _____ Cell _____

Email Address _____

If applicable — Aircraft _____ N# _____

Yearly Membership Dues: New Individual \$20
 Renewal

*** Additional Donation:\$ _____

***Pilot PAC Donation: \$ _____ \$ (Not tax Deductible)

*** For a PAC Contribution of \$100 or more, please complete these lines (required by law)

Occupation _____ Employer _____

Payment Method: Check Cash

Referred by _____ TAA # _____

Signature _____ Date _____ / _____ / 202__

Visit us on the web at <http://www.tcyairportassociation.org>

TAA is a 501 (c) 3 Organization under the California Pilots Association
(Please print clearly)