

MEMBERSHIP FORM

Thank you for your interest in joining Friends of Ohio Aviation! We are thrilled to have you as a member. Please fill out the form below to get started.

Personal Information

Full Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____



Membership Type

Individual - \$50/year

Student - \$15/year

How did you hear about us?

Social Media

Word of Mouth

Website

Event

Other (please specify): _____

Areas of Interest (Optional)

Please check any areas of interest you would like to be involved in:

Aviation Education

Airport Advocacy

Fundraising & Event Planning

Other (please specify): _____

Payment Information

Check (payable to Friends of Ohio Aviation)

Credit Card: *(Please note there is a 2.5% processing fee.)*

• Name on Card: _____

• Credit Card No: _____

• Expiration Date: _____

• CVV: _____

Consent and Signature

By submitting this form, I agree to receive communications from Friends of Ohio Aviation and understand the benefits and responsibilities associated with my membership.

Signature: _____

Date: _____