

Office Use:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Pay Pal	<input type="checkbox"/> Not Paid
--------------------	-------------------------------	----------------------------------	----------------------------------	-----------------------------------



**WOMEN IN AVIATION INTERNATIONAL SPACE CITY
CHAPTER
MEMBERSHIP APPLICATION**

Please make check payable to WAISCC and mail to
PO BOX 27628
Houston Texas, 77227
Tel 713-539-2338 / NON-PROFIT.

PURPOSE

Encourage women to achieve their goals in aviation through Education, Scholarships and Community Outreach.

WHY JOIN WAISC?

- **WAI** is committed to empowering its members by promoting aviation and making it affordable to everyone;
- **WAI** is made up by people from all walks of life that are interested in promoting aviation;
- **WAI** organizes fun, educational and exciting activities, some of which are for members only;
- **WAI members** will have their names or businesses posted on **WAISCC** web site;
- **WAI** members will have special privileges at various **WAISCC** events and, use of the aircraft (rules apply)

PERSONAL INFORMATION

First Name:	MI:	Last Name:
Home Address:		
City:	State:	Zip:
Home Phone:	Cell/Pager:	
E-mail Address:	Birth Date:	

EMPLOYER / NON-PROFIT ORG. / BUSINESS / CORPORATION

Name:	Job Title:
Address:	
City:	State: Zip:
Phone:	Fax:
E-mail Address:	

VOLUNTEER

Membership ___ Fundraising ___ Events ___

AGREEMENT

- **I agree** to attend **WAI** events on a regular basis.
 - **I agree** to promote **WAI** at various events throughout the year.
 - **I agree** to donate a non-refundable membership of:

<input type="checkbox"/> Individual \$25.00	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Business	<input type="checkbox"/> Family \$40.00
<input type="checkbox"/> Student \$15.00	\$250.00	/Corporate \$350	
- Please note that your membership will expire by March 1st of the following year.*

By signing herein you assume all risks, take full responsibility, and waive any and all claims for personal injury and/or property loss and/or damage, including, but not limited to severe bodily injury, damage to personal property and/or death, relating to your participation in, and/or attendance to, any **WAI SPACE CITY CHAPTER** sponsored activity.

Signature	Date:
-----------	-------