



**2019 Aeronaut Membership Application**

Must be at least 18 years old  
(Please fill out completely and clearly)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information (Required):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

New Member? Yes No Returning Member? Yes No How Many Years? \_\_\_\_\_

If a new Member, how did you hear about the Aeronauts? \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Any Physical Limitations? \_\_\_\_\_ If Yes, What: \_\_\_\_\_

Days Available (Please circle):    Tues        Wed        Thurs        Fri        Sat        Sun

I'm interested in volunteering in the following areas: (Please see descriptions of committees on page 2)

Parking \_\_\_\_\_ Cloud Nine Tent \_\_\_\_\_ Field Set Up and Tear Down (Tues, Wed, Sun) \_\_\_\_\_

Information Booth \_\_\_\_\_ Tissue Paper Balloons (Fri) \_\_\_\_\_ Crewing \_\_\_\_\_

Merchandise Tent \_\_\_\_\_ Rangers \_\_\_\_\_

Is there a specific pilot you crew for? \_\_\_\_\_ Pilot/Balloon Name: \_\_\_\_\_

**By signing below I am stating that I have read, understand, and agree to the Code of Conduct for the Great Reno Balloon Race. I understand that it is mandatory to be crew trained to work with the balloons and each year I must attend at least one crew training session. Both the application and liability release must be signed in order to participate as a Great Reno Balloon Race Aeronaut.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application can be returned to: Email: [admin@renoballoon.com](mailto:admin@renoballoon.com)  
Mail: P.O. Box 12695, Reno, NV 89510        Or bring it to an Aeronaut meeting!