



**2020 Aeronaut Membership Application**

Must be at least 18 years old

*(Please fill out completely and clearly)*

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

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

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

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

**Emergency Contact Information (Required):**

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

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: \_\_\_\_\_

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**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: 955 S. Virginia St., Suite 205 Reno, NV 89502

Or bring it to an Aeronaut meeting!