



Central Texas Ballooning Association Membership Application

Date: _____

Name: _____

Family Members (paid): _____

Address: _____

City, State & ZIP: _____

Contact Info:

Home Phone: _____ Work Phone: _____

Fax: _____ Cell: _____

Other: _____ Email: _____

Birth date (Month and Day only): _____

Pilot Status, Occupation, etc.: _____

Dues: _____ Individual or Family \$15

Make checks payable to Central Texas Ballooning Association (CTBA)

Return to Treasurer or mail to: CTBA, Attn.: Treasurer, PO Box 2675, Austin, TX 78767-2675

If you wish to join the Balloon Federation of America (BFA) for the first time, you will be reimbursed \$5.00 after you join, simply by presenting your BFA card to the CTBA Treasurer.

Amount Paid: _____ Cash/Check #: _____ New/Renewal: _____