



# Chapter Complimentary Trial Membership

## Data Capture Form

### RECRUITER Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EAA#: \_\_\_\_\_

EMAIL: (to receive confirmation) \_\_\_\_\_

CHAPTER TYPE: (circle one) [EAA] [VINTAGE] [WARBIRDS] [IAC] CHAPTER#: \_\_\_\_\_

### NEW MEMBER Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ eHOTLINE: (circle one) [HTML] [TEXT ONLY] [NOT RIGHT NOW]

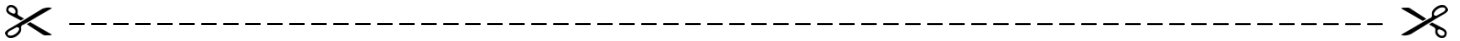
HOME PHONE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ WORK PHONE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

This form does not need to be returned to Headquarters.

Simply goto:

[www.eaa.org/chaptertrial](http://www.eaa.org/chaptertrial)

and submit the information.



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