



AACGNY PO Box 782 Bayport, N Y 11705

Member No._____

Name:_____ **Spouse:**_____

Address:_____ **City:**_____ **Zip:**_____

Telephone: Home:_____ **Business:**_____

Email Address:_____

Occupation:_____

Hobbies:_____

Aeronautical Rating(s):_____

Other organizational affiliations:_____

I am available to serve on a committee: (check one) YES _____ NO _____

Individual membership dues: \$25.00

Family membership dues: \$35.00

Associate Membership (newsletter Only): \$10.00

Signature:_____ **Date:**_____

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