

Crystal Eagle Dinner Reservation

Dinner and/or Member Application

Please support us by joining as a member.

1st Attendee Name

Phone & email: _____

Address: _____

City, State, Zip: _____

2nd Attendee Name

#3 Attendee Name

#4 Attendee Name

#5 Attendee Name

#6 Attendee Name

#7 Attendee Name

#8 Attendee Name

#9 Attendee Name

#10 Attendee Name

2018 Aero Club Membership Renewal (\$40.00) \$ _____

Member & Guest Dinners Qty: _____ X \$80.00 * \$ _____

Non-Members Qty: _____ X \$95.00 * \$ _____

Optional - Scholarship Fund Donation \$ _____

Total Enclosed \$ _____

Make check payable to:
Aero Club of Northern California
and send with this form to
Aero Club of Northern California
2500 Cunningham Ave
San Jose, CA 95148

*** Add \$10.00 per ticket after October 20, 2017.**