

MEMBERSHIP APPLICATION FORM - PARTNERS@Solberg

PO Box 6286 Bridgewater, NJ 08807
e-mail: solberg773@partners-solberg.org
message phone: (908) 534-4000

Applicant information:

Name: _____
Address: _____
Telephone: home _____ work _____ cell _____
Fax: home _____ work _____
E-mail: home _____ work _____
Occupation/Profession: _____

I, _____, certify that I qualify for membership in PARTNERS@SOLBERG because I am in one or more of the following categories:

- _____ 1. Solberg based aircraft owner, N _____
- _____ 2. I am a non-pilot who currently or has used Solberg airport facilities
- _____ 3. I am a Pilot/Aircraft owner using or interested in using Solberg Airport facilities
- _____ 4. I value the right to continued private ownership of Solberg Airport
- _____ 5. Individual owning a business on Solberg Airport - Business name: _____
- _____ 6. Property owner within one mile of airport
Property address: _____
- _____ 7. Representative of aviation group. Group name _____
- _____ 8. Representative of community group. Group name _____
- _____ 9. Representative of state, county or city government (nonvoting)
Governmental entity: _____

In applying for membership to PARTNERS@SOLBERG, I understand that the Board of Directors must approve this application. I further understand that **PARTNERS@SOLBERG is organized for the purpose of educating the public, promoting communication and the safety and economic viability of the Solberg Airport, and to enhance its compatibility with surrounding neighborhoods and land uses.** I further agree that I shall support the purposes of the organization in a positive and constructive manner to the best of my ability.

I would be interested in serving in one of the following committees:

- | | |
|--|--------------------------------------|
| _____ Safety – Aircraft/Airport | _____ Political action |
| _____ Public relations – letter writing, presentations, etc. | _____ Economic development |
| _____ Community Events – fairs, festivals | _____ Website development and update |
| _____ Newsletter | _____ Other e.g., _____ |

SIGNATURE: _____ DATED: _____

ANNUAL TAX DEDUCTIBLE DUES (\$25.00 minimum)
PARTNERS Polo Shirt (at cost) \$18.50 Size needed: S ___ M ___ L ___ XL ___ XXL ___
AMOUNT PAID \$ _____ (Tax deductible)

ACTION OF THE BOARD OF DIRECTORS
_____ Approved _____ Disapproved

Secretary: _____ Date: _____