



## 2009 CHAPTER STATUS REPORT

**EAA IAC WAR U/L VIN**  
(Please circle one.)

Chapter/Squadron Number: \_\_\_\_\_

**Location:** (Please include City, State & Country): \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_

**Meeting Time:** \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_

**5-Digit Zip Code Chapter is Based From:** \_\_\_\_\_

**Airport Identifier Where Chapter is Based:** \_\_\_\_\_

**Federal Employer ID #:** \_\_\_\_\_ **# of Members in Chapter/Squadron:** \_\_\_\_\_

**Chapter/Squadron E-Mail Address:** \_\_\_\_\_

**Chapter/Squadron Web Address:** \_\_\_\_\_

**EAA and Division Membership Numbers MUST be provided for each of the officers listed. Remember, all Chapter members must be EAA national members. Please include area codes in the telephone numbers. COMPLETE THIS REPORT AND RETURN TO THE EAA CHAPTER OFFICE.**

**PRESIDENT:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**NEWSLETTER EDITOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**WEB EDITOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please complete:

<b>EAA</b> <b>IAC</b> <b>WAR</b> <b>U/L</b> <b>VIN</b> (Please circle one.)	<b>Chapter/Squadron Number:</b> _____
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**MEMBERSHIP COORDINATOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**YE COORDINATOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**FLYING START COORDINATOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**TECH COUNSELOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**FLIGHT ADVISOR:** \_\_\_\_\_ **EAA #:** \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_ **EAA #:** \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

If additional positions need to be listed for the Chapter or Squadron, please include the information on a separate piece of paper and return it along with this form.

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Please return this form to: **EAA**  
**Chapter Office**  
**PO Box 3086**  
**Oshkosh, WI 54903-3086**

If you have any questions, please call the Chapter Office at 1/888-322- 4636, Ext. 4876.