

APPLICATION FOR AKA AFFILIATED CLUB STATUS

OUR CLUB NAME:

AKA Affiliated Clubs, upon approval and acceptance by the appropriate Regional Director and AKA Executive Director, receive copies of the quarterly magazine KITING, regular listing in KITING and on the AKA website, an invitation to compete in “club challenges” at the annual convention, and other benefits the Board of Directors may grant.

For a fee of \$150.00 USD, Affiliated Clubs may choose to have all their regularly scheduled club flies (as opposed to special or public oriented events) and club meetings covered by the AKA Liability Insurance policy.

We would like to be covered by the AKA Liability Insurance: _____

Signature: _____ Date: _____

AKA ENDORSEMENT

WE ENDORSE THE PURPOSE OF AKA AS SET FORTH IN ARTICLE II OF THE BY-LAWS:

“The overall purpose of the Association shall be to educate the public in the art, history, technology, and practice of building and flying kites; to advance kiting, its joys and its values, in all nations.”

Signature: _____ Date: _____

CLUB CONTACT INFORMATION

Club Name _____

Club Address _____

City _____ State _____ Zip Code _____ Country _____

Executive Officer _____ Title _____

Home Phone

Work Phone

Fax

Email

Second Contact Person

Title

Phone

Email

10/28/2009

CLUB PROFILE AND ACTIVITIES

Year Founded _____

Current Membership _____ Number of AKA Members (Five are required for affiliation) _____

Please list five AKA members, with pilots license numbers, who are members of your club:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dues _____ Newsletter Name _____

Do you offer newsletter subscriptions to non-members? _____

Are you willing to exchange newsletters with other clubs and the AKA? _____

List club merchandise for sale:

A brief history of your club and/or other comments and information: _____

Regular Club Flying Events and Meetings

Where

How Often

_____	_____
_____	_____
_____	_____

Return or Fax Completed Form to:

The American Kitefliers Association

P. O. Box 1614

Walla Walla, WA 99362

(800) 252-2550

Please attach a copy of your constitution or by-laws, if any, and a clean copy of your logo. Payment for insurance may be made by check or major credit card. You may call (800) 252-2550 with your credit card information.