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, listing on the AKA website, an invitation to compete in "club challenges" at the annual convention, and other benefits the Board of Directors may grant.					
		•		all their regularly scheduled club flies ered by the AKA Liability Insurance	
We would like to be	e covered by the A	KA Liability	Insurance: _		
Signature:			Date:		
	AK	KA ENDOR	SEMENT		
WE ENDORSE THE PUR	POSE OF AKA A	S SET FORT	H IN ARTIC	CLE II OF THE BY-LAWS:	
"The overall purpos practice of building and fly				oublic in the art, history, technology, and ralues, in all nations."	
Signature:			Date:		
	CLUB C	ONTACT	INFORMA	TION	
Club Name					
Club Address					
City	State _	Zip C	ode	Country	
Executive Officer	Title				
Home Phone	Work Phone	Fax	_	Email	
Second Contact Person		Title	Phone	Email	

CLUB PROFILE AND ACTIVITIES

Year Founded	
Current Membership	Number of AKA Members (Five are required for affiliation)
Please list five AKA members, with p	
Dues	Newsletter Name
	s to non-members?
	ters with other clubs and the AKA?
List club merchandise for sale:	
A brief history of your club and/or oth	ner comments and information:
Reg	ular Club Flying Events and Meetings
When	re How Often

Return Completed Form to:

The American Kitefliers Association P. O. Box 22365 Portland, OR 97269 (609) 755-5483

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 (609) 755-5483 with your credit card information.