



APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Date of Application: ____/____/____

Name:

Last, First Middle

Address:

Street (Apt) City/State Zip

Contact Information:

(____) _____
Telephone

Email

How did you learn about our organization?

EDUCATION & TRAINING

Circle last grade completed

Grade 1 2 3 4 5 6 7 8 9 10 11 12
College 1 2 3 4 Masters _____ Doctorate _____

DIVISION OF INTEREST

Check all that apply

- Field Operations
- Aircraft Recovery
- Equipment Specialist
- Research and Development
- Forecast and Weather Advisor
- Studio Technician
- Documentation and Videography
- Public and Media Relations
- Membership Recruitment

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above selected position(s).

FURTHER INFORMATION

Circle one

Do you have a valid driver’s license? Yes No
If necessary, are you willing to provide transportation during missions? Yes No

Are you capable of providing your own equipment and editing tools for the documentation of Gibas Aeronautics events? Yes No

Are you able to be on-call for scheduled or emergency events, including night and weekends? Yes No

Are you willing to participate in extended and/or over-night away missions? Yes No

Do you have a sense of curiosity and exploration in regards to the unknown? Yes No

Do you approach situations with a playful, problem-solving attitude? Yes No

Do you ever feel discomfort or insignificance with your existence in relation to the universe? Often Sometimes Never

Do you ever feel a disconnection from humanity? Often Sometimes Never

Do you long for genuine connection to other human beings centered in person-to-person interactions? Often Sometimes Never

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: ____/____/____

Please send additional materials to be considered with application to GibasAeronautics@gmail.com