

51st Aero Squadron, LLC
Membership Application

Full legal name _____

Physical Address _____

Telephone # _____

E-mail address _____

Employer _____

Occupation _____

Do you currently hold a Pilot's Certificate? Yes No Date of Birth ___/___/___

If yes, what level certificate? Student Private Commercial ATP

Rating/Other ASEL AMEL Instrument High Performance Complex Instructor

Total flight time _____ Last 6 months _____

Do you hold a Medical Certificate? Yes No If yes, what class? 1st 2nd 3rd Basic Med

Have you ever been involved in an aircraft accident as a required crew member? Yes No

Have you ever been involved in an aircraft incident as a required crew member? Yes No

How did you learn about the Club?

I certify that the above information about me is true and correct to the best of my knowledge and I am voluntarily making this application. By placing my signature on this application, I am acknowledging that I am fully aware that 1) the Membership Fee of \$1,250.00 is NOT REFUNDABLE at any time; and 2) I am fully aware of and completely responsible for the timely payment (as defined by the Club) of all fees associated with membership.

Date _____ Signature _____

Copy to: Membership Committee; President, Vice-President; Secretary; Treasurer; Safety Officer, & Training Officer

Club Action: Approved _____ Rejected _____ Date _____