



Membership Application

Date of Application: _____

MEMBER _____ NON-MEMBER _____

Please fill in the spaces below with the appropriate information.

Last Name _____ First, MI: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number - Home: _____ Work: _____ Cell: _____

E-mail: _____

Emergency Contact Info: _____

Date of Birth: _____

Present Employer: _____

Years There: _____

User Name: _____ Password: _____

How did you hear about us _____

Flight History:

Certificates Held (Circle Appropriate Ones):

Airplane-Single Engine Land Multi Engine Land

Student Private Commercial

Instrument-Airplane

Date Issued: _____

Total Time: _____ Last 90 Days: _____

Briefly describe some aviation goals you would like to achieve at AAFC:

Instructor Assigned: _____