

Membership Application

DEDOCALAL INFORMATION

	PERSONAL INFO	RIVIATION		
Name		Date of E	Birth/	/_
First M.	Last		MM D	D YYY'
AddressStreet		City	State	
Telephone		City	State	ΖΙΡ
Home ()	Cell ()	Wo	ork ()	
E-Mail Address:				
Primary	Sec	ondary		
	CFI—Full I			
Pilot Rating(s)			tal Hours	
Experience Airci	aft Type	Aircraft Mod	del	
·	raft Type	Aircraft Mod		
·				
<u></u>				
How did you hear about the o	club? on or auto accident?	Yes No		
How did you hear about the d	on or auto accident?	Yes No		



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I understand that my request for membership in Wings Flying Club, Inc. will be reviewed during the next Membership Meeting and that I must be present at this meeting. If my membership is approved, I will be prepared to pay my membership fee, key deposit, and first month's dues at this meeting. I also agree, upon membership approval, to remain a member in good standing by upholding all of the club operating rules and by-laws, and by paying all flight time, monthly dues, assessments, as well as any other expenses incurred by me, upon receipt of the monthly statement. Further, I hereby give my consent for Wings Flying Club, Inc. to investigate my credit and driving history in evaluating my application.

Signature	Date

Consent for Minors

I, (pa	arent/legal guardian) do hereby give
my permission for	to apply for membership
in Wings Flying Club, Inc. I have read the statemen	t above and I understand that I am
responsible for payment of all charges incurred on t	his account. I give my consent for
Wings Flying Club, Inc. to investigate my credit reco	ords to evaluate eligibility for mem-
bership.	
Signature	Date

DD

YYYY

Parent/Guardian Date of Birth _