

ALAMEDA AERO CLUB

Membership Application Form

Date _____

Personal Information:

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____

Email address _____

Birthday (Mo, Day, Yr.) _____ Drivers License Number _____

How did you find out about the Alameda Aero Club? _____

Employment Information:

Occupation / Employer _____

Work Address _____

City _____ State _____ ZIP _____

Work Phone _____ Ext. _____

Flight Information:

Pilot License Type _____ Total Hours _____

Ratings _____ Date of last BFR _____

Additional Endorsements/Licenses _____

Medical Cert. Class _____ Date Expires _____

Medical Restrictions? _____

1. Have you ever had your Airman's Certificate revoked or suspended? _____

2. Have you ever had an in-flight emergency? _____

If yes to 1 or 2, please explain: _____

Emergency Contacts:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

As a Member of the Alameda Aero Club, I agree as follows:

1. I shall observe and comply with all Federal, State and Local air regulations, Aero Club Rules / Bylaws & any future revisions thereto, and applicable manufacturer's operational procedures. I understand that failure to do so can be grounds for suspension / expulsion.

2. I shall return the aircraft to the Club's place of business at the agreed time, weather permitting, in the same condition I received it, normal wear and tear excepted.

