

MEMBERSHIP APPLICATION - LAS CRUCES AVIATORS

Flying Member: _____ Associate Member: _____ Introductory Flight: _____

APPLICANT:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE#1: _____ PHONE#2: _____

EMAIL: _____

DRIVERS LICENSE #: _____ STATE ISSUED: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

OCCUPATION - POSITION _____

Please select the one that applies: US Citizen _____ Resident Alien or Other _____

- If "Resident Alien or Other" _ have you obtained TSA Authorization for flight training? Yes _____ No _____

If No, please contact us for additional information on how to obtain that authorization.

Currently are you: Licensed Pilot _____ Student Pilot _____

Interested in becoming a pilot _____ Aviation Enthusiast _____

Do you currently own your own aircraft?: _____

PLEASE ANSWER THE QUESTIONS BELOW AND ANSWER ANY "YES" ANSWERS ON THE BACK OF THIS APPLICATION

Do you have any physical impairment, waivers of statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to your medical certificate? Yes _____ No _____

Have you been in any aircraft accidents or incidents? Yes _____ No _____

Have you been charged with any violation of FAA regulations? Yes _____ No _____

Have you been in any motor accidents in the past 3 years? Yes _____ No _____

Have you been issued any moving traffic citations in the past 3 years? Yes _____ No _____

Have you declared bankruptcy in the last 5 years? Yes _____ No _____

I understand that the Board of Directors of LAS CRUCES AVIATORS determines my acceptance in the Club. If I am accepted, I agree to adhere to all procedures, regulations, and decisions as set forth by the Club's Board of Directors, Officers, and/or Membership. I agree to keep the Club updated on the flying information as requested, but no less than annually. Additionally I will inform the club if any of my answers to the above questions change. I also understand that the first month's dues and the non-refundable membership fee are not refundable once this application is approved. If the application is not-approved, I understand that any monies paid will be refunded.

Applicant's Signature: _____

Date: _____

Introductory Flight Applicants ONLY:

Please provide a copy of your driver's license

CFI or Pilot's Signature: _____

Date: _____

ALL OTHER APPLICANTS, PLEASE FILL OUT THE REST OF THE INFORMATION AND PROVIDE NEEDED DOCUMENTATION.

APPLICANT'S NAME FROM PAGE 1: _____

FLYING INFORMATION:

ARE YOU A LICENSED PILOT OR A STUDENT: _____

IF A STUDENT, WHO IS YOUR INSTRUCTOR: _____

FLYING HOURS TOTAL: _____ LAST 6 MONTHS: _____

DATE AND TIME FLOWN OF LAST FLIGHT: _____

TIME IN AIRCRAFT TYPES:

PLANE 1: PIPER PA28-180 _____ PLANE2: Cessna 182 _____

WHAT AIRCRAFT TYPE DO YOU HAVE THE MOST TIME IN? _____

CERTIFICATES HELD: _____

MEDICAL CLASS: _____ DATE NEXT MEDICAL IS DUE: _____

DATE NEXT BIENNIAL FLIGHT REVIEW IS DUE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____

PHONE#1: _____ PHONE#2: _____

ANY ADDITIONAL INFORMATION THE CLUB SHOULD KNOW: (ALTERNATE CONTACTS, WAYS TO GET A HOLD OF YOU, ETC) _____

HOW DID YOU LEARN ABOUT LAS CRUCES AVIATORS? (WEBSITE, FACEBOOK, REFERRAL, ETC)? _____

THE INFORMATION BELOW IS TO BE FILLED OUT BY LAS CRUCES AVIATORS

NAME OF PERSON RECEIVING THE APPLICATION: _____

PLEASE MARK IF THE FOLLOWING COPIES OR ITEMS WERE RECEIVED:

DRIVERS LICENSE: Yes _____ No _____

MEDICAL CERTIFICATE: Yes _____ No _____

PILOT CERTIFICATE: Yes _____ No _____

COPY OF LAST PAGE OF LOG BOOK: Yes _____ No _____

OTHER CERTIFICATES AND/OR FLYING CREDENTIALS NOT LISTED ABOVE (PLEASE DESCRIBE):

FIRST MONTH' DUES: Yes _____ No _____

NON-REFUNDABLE MEMBERSHIP FEE: Yes _____ No _____

IF STUDENT, IS FLIGHT INSTRUCTOR ON APPROVED CLUB LIST: Yes _____ No _____

Please provide a copy of your driver's license, current medical, last page of log book, pilot certificate, other certificates or flying credentials. (please continue to page 2 of application)

APPLICANT'S NAME FROM PAGE 1: _____

APPROVED _____ DENIED _____: (Requires at least two to be approved or denied)

1 - Board Member Name: _____

1 - Board Member Signature: _____

Date: _____

2 - Board Member Name: _____

2 - Board Member Signature: _____

Date: _____

3 - Board Member Name: _____

3 - Board Member Signature: _____

Date: _____