

# DECATUR AERO CLUB, INC.

## APPLICATION FOR FULL MEMBERSHIP

Decatur Aero Club

I hereby apply for FULL Membership in the Decatur Aero Club, Inc. If accepted, I agree to comply with the By-Laws and Standard Operating Procedures of the Club and authorize the Directors to represent my interests in corporation matters. I also agree to have a check ride with an Aero Club approved instructor before flying any club aircraft. I agree to buy one(1) share of the Club assets for Three Hundred (\$300.00) Dollars, to pay a non-refundable initiation fee of Fifteen Hundred (\$1500.00) Dollars, and to pay one share of the fixed expenses on a monthly basis. As a member in good standing I am entitled to all privileges and provisions as stated in the By-Laws and Articles of Incorporation. I acknowledge that i have received a copy of the current By-Laws and Standard Operating Procedures (S.O.P.'s) of the Club. I authorize the Decatur Aero Club to obtain a report of my credit history. I certify that the information provided below, to the best of my knowledge, is true and accurate. In the event my Aero Club billing remains unpaid, I agree to pay all costs of collection, including reasonable attorney fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL DATA: (Please Print)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_

### FLYING RECORD AND OTHER REQUIRED INFORMATION

Federal License No. \_\_\_\_\_ State Registration No. \_\_\_\_\_  
Date of Last Medical \_\_\_\_\_ Class of Medical \_\_\_\_\_ Date of Last Biennial \_\_\_\_\_  
Total Flight Time \_\_\_\_\_ Tail Dragger Time \_\_\_\_\_ Retractable Time \_\_\_\_\_ Multi Engine Time \_\_\_\_\_  
AOPA Membership No. \_\_\_\_\_ EAA Membership No. \_\_\_\_\_ Ratings: \_\_\_\_\_

### REFERENCES:

The following pilots will attest to my flying experience. (Non-pilots will list other references.):

(1) \_\_\_\_\_ Phone \_\_\_\_\_  
(2) \_\_\_\_\_ Phone \_\_\_\_\_  
(3) \_\_\_\_\_ Phone \_\_\_\_\_

Credit References:	Name	Address	Contact/Acct. Number
(1)	_____	_____	_____
(2)	_____	_____	_____

### MEMBERSHIP APPROVAL:

(Membership privileges begin when this application has been approved by any three members of the Executive Committee and recorded by the Treasurer.)

President \_\_\_\_\_ Date \_\_\_\_\_  
Operations Officer \_\_\_\_\_ Date \_\_\_\_\_  
Secretary \_\_\_\_\_ Date \_\_\_\_\_  
Treasurer \_\_\_\_\_ Date \_\_\_\_\_  
Maintenance Officer \_\_\_\_\_ Date \_\_\_\_\_