

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
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(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 _____