

Morris Aero Club, Inc.
Application for Membership

Name: _____ Date: _____

Home Address: _____

Employer: _____ Occupation: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

In emergency Notify: Name: _____

Address: _____

Age: _____ Date of Birth: _____ Married: _____ Single: _____

Pilot Certificate Number: _____

| <u>Ratings and Date of Issue</u> | |
|----------------------------------|------------|
| Student | Instructor |
| Private | Instrument |
| ATP | ATP |

Medical: Class: _____ Expiration _____ Limitations: _____

Last Biennial Flight Review (Date): _____

Flight Total: _____ Estimated Yearly flying hours: _____

Experience: Cross Country: _____ Instrument: _____

(Hours) Night: _____ Multiengine _____

First Solo (Date): _____

History: Have you ever had an accident (ground or in-flight) while acting as Pilot in Command?

No _____ Yes _____

Has your pilot certificate ever been suspended or revoked?

No _____ Yes _____

| <u>References</u> | |
|-------------------|----------|
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |

I hereby certify that the foregoing statements are true and correct to the best of my knowledge. I also agree to abide by the rules and regulations contained in the current bylaws and operating rules.

Applicant Signature: _____

Morris Aero Club Board Use Only

Acceptance Date: _____ Approved: _____

Comments: _____