

Athens Aero Club, Inc
PO Box 1153 Athens, OH 45701-1153
Application for Membership

Name _____
Address _____ Zip _____
Email _____ Home Phone _____ Bus Phone _____
Date of Birth _____ Occupation _____
Name of Closest Relative _____ Relationship _____
Relative's Address _____ Relative's Phone _____

Bank and Personal References:

Bank _____ Checking _____ Savings _____
Credit reference _____
Credit reference _____
Credit reference _____

Have you ever:

- Had any aircraft accidents, incidents, or claims? Yes ___ No ___
- Had your pilot certificate surrendered, suspended or revoked? Yes ___ No ___
- Had an automobile driver's license suspended or revoked? Yes ___ No ___
- Been arrested for or charged with operating a motor vehicle or aircraft under the influence of drugs or alcohol? Yes ___ No ___
- Been convicted of or plead guilty to a felony crime or misdemeanor other than a traffic violation? Yes ___ No ___

Driver's license No. _____ State _____ Pilot Cert No _____

Flight experience:

- License(s): Private ___ Comm ___ ATP ___ CFI ___ CRII ___ Other _____
- Ratings: Inst ___ Multi-engine ___ Other ___
- Class of Medical ___ Date of Last Medical _____ Date of Last BFR _____
- Solo or PIC time _____ Dual time _____
- Hours in Fixed Gear _____ Retractable _____ Conventional _____ Multi-engine _____ Other _____

Have you read and do you understand the AAC Member's Handbook? Yes ___ No ___

Comments: _____

I hereby apply for membership in the Athens Aero Club, Inc. and authorize the Club officers to request from the above sources information regarding my credit rating and character.

Signature _____ Date _____