

ALAMEDA AERO CLUB

Membership Application Form

Date _____

Personal Information:

Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone _____ Mobile Phone _____
Email address _____
Birthday (Mo, Day, Yr.) _____ Drivers License Number _____
How did you find out about the Alameda Aero Club? _____

Employment Information:

Occupation / Employer _____
Work Address _____
City _____ State _____ ZIP _____
Work Phone _____ Ext. _____

Flight Information:

Pilot License Type _____ Total Hours _____
Ratings _____ Date of last BFR _____
Additional Endorsements/Licenses _____
Medical Cert. Class _____ Date Expires _____
Medical Restrictions? _____
1. Have you ever had your Airman's Certificate revoked or suspended? _____
2. Have you ever had an in-flight emergency? _____
If yes to 1 or 2, please explain: _____

Emergency Contacts:

Name _____ Phone _____ Relation _____
Name _____ Phone _____ Relation _____

As a Member of the Alameda Aero Club, I agree as follows:

1. I shall observe and comply with all Federal, State and Local air regulations, Aero Club Rules / Bylaws & any future revisions thereto, and applicable manufacturer's operational procedures. I understand that failure to do so can be grounds for suspension / expulsion.
2. I shall return the aircraft to the Club's place of business at the agreed time, weather permitting, in the same condition I received it, normal wear and tear excepted.
3. I shall pay for aircraft rental immediately upon returning it, and monthly dues promptly.
4. I shall report all accidents to Club aircraft, whether major or minor, to the aircraft's Plane Captain at once, together with the names and addresses of witnesses and all involved parties, and not to move the aircraft unless expressly authorized to do so by an officer of the Club or unless ordered to do so by the FAA.

