Membership Information

Name: _____
First *Middle* *Last*

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

E-mail: _____ Fax Number: _____

Status:

_____ Active Duty _____ Retired Military _____ Contractor

_____ Family Member _____ DOD Civilian _____ Associate Member

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Medical	Certificates		Aircraft Ratings	
___ 1st Class	___ Student	___ Comm.	___ Airplane	___ SEL
___ 2nd Class	___ Recreational	___ CFI	___ Rotorcraft	___ MEL
___ 3rd Class	___ Private	___ CFII	___ Glider	___ SES
	___ Instrument	___ MEI		___ MES

_____ _____ _____
Date of Medical *Biannual Due* *Total Hours*

_____ _____ _____
Medical Certificate Number *Pilot Certificate Number* *Ground School Instructor Number*

_____
FCC Restricted Radio Permit

_____ _____ _____
Date of Last Checkout *Instructor* *Aircraft*

How did you hear about us? _____