

# AERO FLIERS, INC.

## Application for Membership

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred e-mail Address \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Credit References:

\_\_\_\_\_  
\_\_\_\_\_

Have you had any vehicle, aircraft accidents or convictions in the last 5 years? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Reasons for wanting to join Aero Fliers: \_\_\_\_\_

Flying Experience: Dual Hours: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Ratings: \_\_\_\_\_ Last Medical: \_\_\_\_\_ Last Biennial \_\_\_\_\_

Personal References with Address:

\_\_\_\_\_  
\_\_\_\_\_

I have read the Code of Regulations and the Operating Rules of Aero Fliers, Inc. and if admitted as a member, I agree to abide by them. I acknowledge that if my membership or employment should be terminated, or if my account becomes over sixty days overdue Aero Fliers will have every right to take any legal steps available, including the right to have my employer deduct the unpaid balance from my salary.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this forward this form to: Aero Fliers, P.O. Box 2213, Akron, OH 44309