

**ALBANY AERO CLUB INC  
MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Full Name:

Residential address:

Postal address:

Phone:

Mobile:

Fax:

Email:

ARN:

License Type (circle):    RPL    PPL    CPL    ATPL    OTHER:

**AERONAUTICAL EXPERIENCE**

Total Flying Hours

PIC:

Dual:

Total Flying Hours Last 12 Months:

Types and hours on type:

Accident History (last 5 years):

Date of Last Biennial Flight Review:

Instructor:

Date of Last Medical:

**SIGNATURE**

I hereby apply for Membership of the ALBANY AERO CLUB INC, all information provided on this form is true and correct.

Signature of applicant:

Date:

Membership Fee of **\$60** payable after application is endorsed by the committee.

<b>Postal Address</b>	<b>Bank Details</b>
ALBANY AERO CLUB INC PO BOX 889 ALBANY 6331	BSB: 036-168 A/C #: 351378 Ref: Your surname

*New Members are eligible to receive 1 free joy flight after payment of their fees.  
albanyaeroclub@gmail.com*