

**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:	Total Flying Hours Last 12 Months:
	Dual:	

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 **\$65** payable after application is endorsed by the committee.

Postal Address	Bank Details
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*