

ORLANDO AERO CLUB, Inc.  
<http://orlandoaeroclub.com>  
 PO Box 149306 Orlando, FL 32814-9306  
**MEMBERSHIP APPLICATION**



**Personal Information**

Name

Age  D.O.B.  Sex

Email

OAC Sponsor

Driver's License #

Home Address

City  State  Zip

Home Phone

Occupation

Employer

Employer Address

City  State  Zip

Work Phone

Membership Structure	Cost
Initiation Fee (one-time expense)	\$350.00
1st month dues (monthly expense)	\$95.00
Annual Damage Deductible	\$50.00
Share of OAC Stock (one-time expense)	\$25.00
<b>Total:</b>	<b>\$520.00</b>

By-laws received?

- Yes  
 No

Operational Rules received?

- Yes  
 No

List of OAC instructors received?

- Yes  
 No

**In case of an emergency, notify:**

Name

Relationship

Home Address

City  State  Zip

Home Phone

**Pilot Information**

Certificate Number

Grade

Restrictions

Medical Date  BFR Date

(or date reflecting latest rating)

Describe any accidents or suspensions:

**Total Hours**

**(Last 90 Days)**

Aircraft Type	Hours by Aircraft
C152	
C172	
C172RG	
C182	
C210	
Citabria	
Seneca II	
Retract	
Multi Engine	
Taildragger	
Mooney	
Bonanza	
Baron	
Other	

I, the undersigned, have read and understand the by-laws and operational rules of the Orlando Aero Club Inc. and do hereby agree to abide with the by-laws, operational procedures, and decisions of the Board of Directors. I understand that infractions of said by-laws, operational rules, or FAA regulations will be grounds for dismissal with no remuneration, and do state, that to the best of my knowledge, the information provided herein is true and correct.

I hereby release the Orlando Aero Club, Inc. from any financial responsibility for injuries as a result of an accident during operation of Orlando Aero Club, Inc. equipment.

Signature \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

(if applicant is under 18)