

DELTA AVIATION FLYING CLUB

Application For Membership

*The following personal data is required to be on file for all licensed pilots operating a club aircraft and will be updated annually prior to insurance renewal. Members are urged to notify the Club Secretary of changes during the year.

Applicant Name: _____
Last First Middle

Home Address: _____
Street/Apt#

City State Zip

Email Address: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____

Date of Birth: _____ (mm/dd/yyyy) Pilot Cert#: _____

Emergency Contact: _____ Relationship: _____

Phone#: () _____ - _____

Employer: _____ Number of Years: _____

Reason for Joining Delta: _____

I have read and am in agreement with the By-Laws of the Delta Aviation Flying Club: _____
Initials

Applicant's Signature

Date Signed