

**Membership Initiation Fee**  
(payable upon application)  
\$500.00

Submit (2) passport photos with application



- Membership Initiation Fee: \$500.00
- Prorated Insurance: \$\_\_\_\_\_  
(\$450 \* \_\_\_\_ / 12 months)
- Insurance Offset Fund \$10.00
- Total:**
- Check # \_\_\_\_\_ Attached
- 2 Passport Photos Attached

**You must apply in person at the club's monthly meeting.**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby apply for Membership in the **Condor Aero Club**, and have attached payment for my membership initiation fee and prorated insurance as well as (2) passport photos.

I understand that my acceptance is contingent on attending at least **ONE MEMBERSHIP MEETING** within the next two months, and completing all required forms. Once accepted, I understand that my membership initiation and insurance fees are not refundable, and that subsequent annual dues and insurance are payable at the beginning of each calendar year.

As a member, I shall abide by the **CONDOR CLUB CHARTER & OPERATING RULES** available on the Condor website ([www.condoraero.com](http://www.condoraero.com)) plus any other rules and regulations set forth by the board of trustees. I further understand and agree that at all times, I shall take good care of all Club equipment and property. I shall work for the good of aviation in general and the Condor Aero Club in particular. All flight activity will be in strict accordance with FAA & Condor regulations.

By signing below, both applicant and sponsor certify that the applicant has read & understands the Condor Club Charter & Operating Rules, and has received instruction on Club operational procedures including aircraft reservation & billing. The sponsor assumes responsibilities for the applicant's good standing with the Club and moral character.

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant's Signature Sponsor's Signature

(For applicants under 18, the Minor Responsibility form must be completed)

Membership in the Club shall entitle the member's spouse and children age 18 and younger to full benefits of the Club per Article VII, Section 3 of the Club Charter. Please list the name of your spouse and/or any children below (if applicable).

1) \_\_\_\_\_ 2) \_\_\_\_\_

Pilot's License	Ratings	Hours Flown		Currency
<input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> CFI Cert. #: _____	<input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Instrument <input type="checkbox"/> CFII <input type="checkbox"/> MEI <input type="checkbox"/> Type: _____	Single: _____ Complex: _____ Multi: _____	<u>Total</u> _____ <u>Last 12 Mos.</u> _____	<u>Biennial Flight Review</u> Expiration Date: _____  <u>Medical Certificate</u> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third Expiration Date: _____

1. Any aviation accidents/incidents?  No  Yes      2. Been cited for any FAR violations?  No  Yes  
 2. Any alcohol/drug related convictions?  No  Yes      4. Medical waivers/limitations?  No  Yes

Please answer the above questions based on previous 5 years, and attach explanation for any questions answered "yes".

**Administrative Use Only**

<p><b>Readings to Trustees</b></p> 1st Reading on: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Reading on: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Present</b></p> <input type="checkbox"/> Interviewed on: _____ <input type="checkbox"/> Added to Mailing List: _____ <input type="checkbox"/> AircraftClubs.com account created: _____
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