



**REQUEST FOR CONDOR AERO CLUB MEMBER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CERTIFICATES**

\_\_\_\_\_ Private \_\_\_\_\_ Commercial \_\_\_\_\_ CFI \_\_\_\_\_ CFI-I \_\_\_\_\_ ATP

Airman's Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**RATINGS**

\_\_\_\_\_ SEL \_\_\_\_\_ MEL \_\_\_\_\_ INSTRUMENT \_\_\_\_\_ OTHER

**ENDORSEMENTS**

\_\_\_\_\_ COMPLEX \_\_\_\_\_ HIGH PERFORMANCE \_\_\_\_\_ TAILWHEEL

Are you a new primary student seeking a pilot certificate: \_\_\_\_\_ YES \_\_\_\_\_ NO

Will you need an instructor? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what days/times are you available to fly? \_\_\_\_\_

If you have contacted a Condor approved instructor, who are they? \_\_\_\_\_

Do you have a valid FAA issued medical certificate? What class? \_\_\_\_\_

Purpose for joining Condor Aero Club, Inc. \_\_\_\_\_

How did you hear about Condor Aero Club? \_\_\_\_\_

Where you referred by a current Condor Aero Club member? Who? \_\_\_\_\_

Can you meet with the Condor Trustees at the regular monthly membership meetings, 1<sup>st</sup> Tuesday of the month at 7:15pm? There are no meetings in August and December. \_\_\_\_\_ YES \_\_\_\_\_ NO

**The Condor Aero Club, Inc. reserves the right to deny any application request for any reason.**

**ADMINISTRATIVE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Waiting List \_\_\_\_\_