

## Green Castle Aero Club

## Membership Application

Name:		Birth Date:		
Street Address:				
	State:	Zip:		
Phone: (Home)	(Bus.)	(Cell)		
Email Address:				
BACKGROUND & EXPERIE	ENCE Previous Flight Exper	rience: Yes (cont	inue) No (skip section)	
Ground School	and/or Some Flight Experience:	Yes No		
Tailwheel Time:	hours	Tricycle Time: _	hours	
Student Pilot	Private Pilot	Other:		
Pilot License Nu	ımber (if applicable):			
AIRCRAFT OWNER Yes	No N-number (if a	applicable):		
airplane insurance. I have been ad insurance at my expense.  I understand and agree that, in joir version of the Green Castle Rules:	ning the Club, I am agreeing to be	e aware of and follow	v at all times the then current	
my financial liability to the Club for as high or higher than the insuran assessed by the Board of Directors dues on January 1 and July 1 of each	ice deductible in force at the time i. I also agree that unless otherwis	e of the claim. I agr e exempt (see by-law	ee to pay my share of this as	
By signing this application, and up scheduled and convened Green Ca I do not personally attend, and do n	stle Aero Club meetings where m	embers may vote or	elect officers in the event that	
Membership is \$150. Monthly dues	s are set by the Board and are avai	lable on request. Du	nes are paid semi-annually.	
Applicant Signature:		Date: _		
If a current club member is referrin	ng you please tell us his or her nan:	ne•		