MEMBERSHIP FORM

Name			Birthdate	
				Zip
Phone (Home)		(Bus.)		(Cell)
email address:				
BACKGROUND & EXPERIENCE			N	No flight experience
G	round school ar	nd some flight e	experience	
Ta	nilwheel time (l	nours)	_ Tricycle 1	time (hours)
St	udent Pilot	Private Pi	lot	Other
License Number (If applicable) _			
Aircraft Owner	Yes	No	N-number	(If applicable)
I understand and as the then current verwith an aircraft or evaluated according deductible in force of Directors. I als dues on January 1	gree that, in joing the Gree that the time of the and July 1 of earth of the did and July 1 of earth of the time of time of the time of the time of the time of time of the ti	n can be obtain ning the Club, I reen Castle Rul lub, my finance ines. My liabil he claim. I agre less otherwise of ach year and wi	am agreeinges for Pilorial liability lity could be to pay my exempt (seill pay club	
proxy for all duly s vote or elect office member who is att	rs in the event tending.	convened Green hat I do not pers	Castle Ae sonally atte	ership, this application will serve as a ro Club meetings where members may end, and do not grant a proxy to another
Membership is \$15 semi-annually.	50. Monthly du	es are set by the	Board and	are available on request. Dues are paid
(Signature)				Date
If a current club men	nher is referrings	you please tell us l	his or her na	me: