

**ALBANY AERO CLUB INC  
MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Full Name:

Residential address:

Postal address:

Phone:

Mobile:

Fax:

Email:

Aircraft Owned:

**LICENSE INFORMATION**

ARN:

License Type (circle):    RPL    PPL    CPL    ATPL            OTHER:

Date of Last Biennial Flight Review:

Date of Last Medical:

**SIGNATURE**

I hereby apply for Membership of the ALBANY AERO CLUB INC, all information provided on this form is true and correct.

Signature of applicant:

Date:

Membership Fee of **\$60** and Form to be returned to:

<b>Postal Address</b>	<b>Bank Details</b>
ALBANY AERO CLUB INC PO BOX 889 ALBANY 6331	BSB: 036-168 A/C #: 101969 Ref: Your surname