

Application for Membership

South Seminole Flying Club, Inc.

P.O. Box 917750 - Longwood, Florida 32791

Please print all entries, except as noted

Form revised 02 MAR 2005

APPLICANT INFO	APPLICANT'S NAME				TODAY'S DATE					
	HOME STREET ADDRESS				HOME TELEPHONE					
	MAILING ADDRESS				WORK TELEPHONE					
	CITY	STATE	ZIP CODE	ARE YOU A U.S. CITIZEN? YES ' NO '		FAX NUMBER WORK ' HOME '				
	SOCIAL SECURITY OR FAA ID NUMBER _ _ _ - _ - _		INTERNET BROWSER NAME AND VERSION NUMBER, IF ANY			E-MAIL ADDRESS				
FLYING INFO	CERTIFICATES: U		RATINGS: U		DATE BIENNIAL FLIGHT REVIEW TAKEN: U		TOTAL PILOT IN COMMAND HOURS FLOWN:			
	STUDENT ' /	INSTRUMENT ' /	U		MAKE	MODEL	THIS YEAR	LAST YEAR		
	PRIVATE ' /	GLIDER ' /	_____ / _____ / _____		CESSNA	182	_____	_____		
	COMMERCIAL ' /	ROTOR CRAFT ' /	DATE MEDICAL ISSUED: U		CESSNA	172	_____	_____		
_____ ' /		_____ ' /		CLASS: 1 ST ' 2 ND ' 3 RD '		_____		_____		
DESCRIPTION OF AIRPLANES OWNED:				INDICATE PILOT CERTIFICATED FAMILY MEMBERS:						
WERE ANY OF YOUR FAA CERTIFICATES EVER SUSPENDED ' OR REVOKED? '				DATE AND EXPLANATION OF ANY REVOCATION OR SUSPENSION:						
CREDIT & REFERENCES	BANK NAME AND BRANCH		ACCOUNT TYPE & NUMBER CHECKING A/C ' SAVINGS A/C '		ACCOUNT TYPE & NUMBER CHECKING A/C ' SAVINGS A/C '		TELEPHONE NUMBER			
	_____		A/C #:		A/C #:		FAX NUMBER			
	BRANCH ADDRESS		BRANCH CITY, STATE & ZIP CODE		CONTACT NAME		TITLE			
	CREDIT CARDS	AMEX ' DISCOVER ' MASTER CARD ' VISA ' ACCOUNT NUMBER U	EXPIRATION DATE U							
		AMEX ' DISCOVER ' MASTER CARD ' VISA ' ACCOUNT NUMBER U	EXPIRATION DATE U							
	PERSONAL REFERENCE		STREET ADDRESS		CITY, STATE & ZIP CODE		RELATIONSHIP		TELEPHONE NUMBER	
PERSONAL REFERENCE		STREET ADDRESS		CITY, STATE & ZIP CODE		RELATIONSHIP		TELEPHONE NUMBER		
DRIVER'S LICENSE NUMBER U		DATE ISSUED U		STATE U		The checkmark (U) indicates the Applicant must present the original supporting documents to a Club officer for inspection before the Club will complete the processing of this membership application.				
RESPONSIBILITY	<p>I, as an applicant to the South Seminole Flying Club, Inc., (referred hereafter as the Club),</p> <ul style="list-style-type: none"> < have read both the By-Laws and the Rules of Operation of the Club; < agree to abide by these By-Laws and Rules, including any changes to them which the Club may enact in the future; < authorize investigation of any or all statements contained on this application; < agree to pay in full the membership dues, flight time, and any other charges incurred by the due date specified on the monthly billing statement; and < agree to pay all reasonable collection costs, for example, late fees, attorney fees, court costs, filing and mailing fees. <p>Furthermore, I understand, that if I am accepted for membership, any false statements made at the time of this application are sufficient cause for immediate dismissal from the Club.</p>									
	APPLICANT SIGNATURE				The Applicant authorizes the Club to charge the Applicant's past due balance to any of the above credit cards. The charge may appear as a charge from a vendor other than the Club.				DATE SIGNED	
	SPONSOR SIGNATURE				PRINTED SPONSOR NAME				DATE SIGNED	