



MEMBERSHIP APPLICATION

Flying Member* Non-Flying Member

Mail to:
P.O. Box 18134
Greensboro, NC 27419-9145

Date Submitted: _____

Individual Family

Please print clearly. For family membership, fill out one application for each family member and submit all together.

Applicant Name: _____ Date of Birth: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 U.S Citizen? Yes No Country of Citizenship? _____ Email: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

Pilot Certificate Number: _____ Latest Flight Review Date: _____

Light Sport Commercial Single Engine Land Helicopter Mechanic Airframe
 Student Airline Transport Single Engine Sea Glider Mechanic Powerplant
 Recreational Instrument Rating Multi Engine Land LTA Authorized Inspector
 Private C/L Thrust Multi Engine Sea Type Ratings: _____

Certified Flight Instructor CFI Expiration Date: _____

Airplane – Single Engine Glider
 Airplane – Multi Engine Basic Ground Instructor
 Instrument Advanced Ground Instructor
 Rotorcraft Instrument Ground Instructor

Are you interested in instructing for the flying club? Yes No

Current Medical Certificate? Yes No Class: 1st 2nd 3rd Medical Issue Date: _____

Do you own an aircraft? Yes No Aircraft Make/Model: _____

CERTIFICATION: I understand that by submitting this application, I certify that I have read and agree to abide by the regulations and guidelines set forth in the Piedmont Aero Club Bylaws and Rules and Operations Manual.

I further agree to remain a member in good standing of the club for a minimum of six months, inclusive of today's month. I understand monthly dues are due on the first of the month. I understand and agree that if my account is delinquent on the 10th day, a late fee of 10% will be assessed and I will be suspended from flying status, groundschools, and any social events until my account is paid. After the sixth month commitment, I understand I may terminate my membership via written submission to the Board of Directors at any time.

I understand that activities contemplated by the group may or may not be covered under benefit, insurance, or compensation plans acquired individually or as a result of my employment. I have been advised to understand any relevant obligations or restrictions prior to participating in group activities. I understand that participation with this group is purely individual activity and is not a employment required or related activity for the purposes of any Benefit, Insurance or Compensation program. I understand I have been advised to discuss any issues, questions or concerns with appropriate professional representatives for these programs to understand any potential impact to my coverages.

I understand that there are significant risks associated with flight in small airplanes which I accept and I agree to hold harmless the Piedmont Aero Club, its officers, members, lessors, and agents for any loss or injury resulting from my use of club affiliated aircraft or any other association or activity related to or sponsored by Piedmont Aero Club. I warrant that the information which I have provided on this application is complete and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Do not write below this line.

Application received by: _____ Date: _____ Membership Commitment Through: _____ 20____
 Member # Assigned: _____ Information Entered Into Database by: _____ Date: _____