

MYRTLE BEACH ACADEMY OF AVIATION

APPLICATION FOR MEMBERSHIP AND/OR RENTAL

Please fill in all spaces. (PRINT or TYPE) Enter "N/A" in spaces not applicable

Name: _____
(Last) (First) (Initial)

Address: _____
(street) (city and zip)
How long at above address _____ If less than three years, please list your previous address:
Previous address _____

Employer: _____

Address: _____

Phone numbers: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Drivers License # _____ **Country of Citizenship** _____

In case of emergency, please contact _____ **Phone:** _____
(Name and relationship)

Pilot Certificate Held: Student Recreational Sport Private Commercial ATP

Pilot Certificate No. _____ **Date Issued:** _____

Ratings on Pilot Certificate: ASEL AMEL Instrument Other: _____

Flight Hours- Total _____ Total Multi-Engine _____
Retractable _____ Last 90 days _____

Medical Class: _____ Date: _____

Date of last Flight Review per 14CFR 61.56 _____ (paragraph c.d.e.or f f) _____

Any violations, waivers or accidents Yes No Date: _____ (Please indicate details on reverse side)

Applicant has read and agrees to be bound by the Myrtle Beach Academy of Aviation bylaws, operating procedures and all regulations set forth by the Academy and the FAA. Dues (for those choosing membership) and charges for aircraft/equipment/services, will be automatically billed to your credit card.

Initiation Fee: \$ _____
Monthly Membership Fee: \$ _____
Billed to Credit Card \$ _____

Visa MasterCard Amex

Number _____
Exp. Date: _____ CSV _____

APPLICANTS SIGNATURE _____ DATE _____