

**NAVY ANNAPOLIS FLIGHT CENTER, INC
APPLICATION FOR MEMBERSHIP**

Please print legibly. Complete all blanks. Use unknown or none when applicable.

Name _____ Social Security No. _____

Mil/ Civ-Grade/Company _____

Email Address _____

Street Address/ Apt No. _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Permanent Street Address/ Apt No. _____

City _____ State _____ Zip Code _____

Emergency, notify _____ Relationship _____

Street Address/ Apt No. _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____

Flight Hours _____ Licenses/Ratings _____

Class of Physical _____ When Taken _____ Expiration Date _____

If applicable, please complete.

Active Military – Branch of Service _____

Retired Military – Branch of Service _____

Reserve Military – Branch of Service _____

DoD Civilian _____

I have received a copy of the Constitution, By-Laws, and Flight Regulations and will abide by them if my application is accepted. I have attached a photocopy of my license and medical certificate.

I agree to pay the appropriate aircraft rates per hobbs hours. I agree to pay for flight and ground instruction time. I understand that I am obligated to pay monthly dues until I submit a letter of resignation 30 days prior to the termination date.

\$200 year fee or \$60 per quarter paid \$ _____ Date _____

\$25 self Insurance fee paid \$ _____ Date _____

\$50 initiation fee \$ _____ Date _____

Signature of Applicant

Date

Signature of Approving Officer/CFI

Date

Instructor:
