

**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 Branch of Service/ 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 \_\_\_\_\_

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I have received a copy of the Constitution, By-Laws, and Flight Regulations and will abide by them if my application is accepted. I understand all Navy Annapolis Flight Center (NAFC) developed/ copyrighted procedures, flows, documents and materials are to be exclusively used while at NAFC. These materials may not be used outside of NAFC.

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 dues until I submit a letter of resignation 30 days prior to the termination date.

\$300/ Year membership fee	\$ _____	Date _____
\$25 Self Insurance fee	\$ _____	Date _____
\$50 Initiation fee	\$ _____	Date _____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approving Officer/CFI

\_\_\_\_\_  
Date

Aircraft \_\_\_\_\_

Instructor:
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