Nate Abel Flying Club Inc.

Annual Membership Application

Date Applying for Membership_____nateabelflyingclub@gmail.com

Name: Street: City:	Zip:			V	irthdate: Vork Phone: Jome Phone:			
State:					ell Phone:			
Email Address:				May we occasionally contact you via text? Y / N				
List Citizenship:			(Plea	(Please include a copy of your Government issued ID.)				
For Pilots, please of	hack all of the foll	owing:			., ,		•	
License:		□ Commercia	ol – Di	rivate	□ Student			
Ratings:	☐ Instrument		ı ⊔ Pı □ C			_ (Other	
Natings.	instrument			1 11	□ IVILI		otilei	
FAA Medical Date	(Mo/Yr):							
AOPA Member? (Y or N) Membersh	nip Number and	expiration	:				
FLIGHT HOURS	ASEL	R	ETRACT		MULTI-ENGINE		OTHER	
TOTAL HOURS								
PIC HOURS								
HOURS LAST YEAR								
Have you ever had	l an airplane accid	ent or been cited	d for a viol	ation of Fe	deral Aviation Regu	ılations?		<u>-</u>
☐ Yes ☐ No (If yes	, please attach an	explanation.)						
How did you boar	ahout the Nate Ah	ol Elving Club?						
How did you hear				-O+l //	Nama Frankish			
□Internet		rrent Member		□Other (F	Please Explain)			
List two personal	character referenc	es:						
Name:	-			ime:				
Day Number:	-			y Number				
Night Number:	-			ght Numbe	er:			
Address:				ldress:	. 			
How do you know	this person?		Но	w do you	know this person?			
I declare that the abov	e information is true	and that I have re	ead and will	abide by th	ne By-Laws and Memb	ership an	d Operation Rules of	the NAFC. I
realize that failure to p	ay at the time paym	ent is required wi	ll delay or d	eny particip	ation with this Club.	I further u	inderstand that the Bo	oard of
Directors and or Club (Officers may revoke i	my membership a	ny time witl	hin the first	60 days of Club Induc	tion, with	out regard to usual Cl	lub
procedures. Furthermo	ore, I understand the	Nate Abel Flying	Club mainta	ains its right	to legally pursue me	for outsta	nding debts owed to	the club.
~ .			5.					
Signature:			_ Date:_					
A guarantor is requi	red for applicants	less than 18 year	ars of age i	in the Stat	e of Texas.			
Name:					Birthdate:			
Street:					Work Phone:			
City:					Home Phone:			
State:		Zip:			Cell Phone:			
Email Address:		- · 						
I declare/affirm that I	will he responsible	for payment of t	he ahove n	named anni	- icant's annual dues a	nd aircraf	ft usage and any dan	nage to same
including, but not lim							-	_
payment according to								
member to immediate	•			-			•	•
right to legally pursue						i the Mate	Aber Trying Club inc	. mamtanis its
rigit to legally pursue	ine in the local jurisc	iletion of the club	s choice, to	i debis owe	ed to the club.			
Guarantor Signature:				Date:				
For Club Use Only								
Date Received:				Officer Board Review Date:				
□ Approved	□ Rej	ected		Date Cont		-		