

Membership Application

Quad City Area Flying Eagles
6152 76th Avenue, Apt. D
Milan, IL 61264
www.qcflyingeagles.com

Please Print or type:

Date: _____

Name: First, middle initial, Last _____

Address: (Home and billing) _____

City, State, Zip _____

Employment: _____

Phones: Home _____ Cell _____ Work _____

Email _____ (REQUIRED FOR BILLING)

How did you learn about us: _____

Type of certificates held _____ Certificate # _____

Ratings _____

Total Hours: _____ Retractable Hours: _____

Date of Birth: _____ Date of last Medical: _____ Date of last Flight Review _____

Have you ever had an accident or a suspension? Yes _____ No _____
If yes give date or dates _____ and a brief description on back of this sheet:

You are required to join AOPA (Aircraft Owners and Pilots Association) You may join at www.aopa.org
AOPA Membership number: _____ expiration date _____

A credit check is authorized if deemed necessary by the Board of Directors: Yes _____ No _____

The required amount of \$ _____ to join the club is attached, which will be returned in full if my request is refused. I understand there will be no refund of the fee if I resign my associate membership or if I fail to purchase full membership upon completion of flight certificate requirements.

I hereby apply for active membership in the Quad City Area Flying Eagles Club, and agree to abide by its constitution, flight rules and by-laws (copies on our website at www.qcflyingeagles.com)

Applicant Signature: _____ Date _____

Signature of parent or guardian, if under 18 years old: _____

To applicant: _____

_____ The Quad City Area Flying Eagles have accepted your request to join.

_____ The Quad City Area Flying Eagles have refused your request to join, and the fees you paid are herewith returned in full.

Signature of club officer _____ Date: _____