

**APPLICATION FOR REGULAR MEMBERSHIP**  
OCTOPUS FLYING CLUB, INC.

I hereby make application for regular membership in the Octopus Flying Club, Inc., a Maryland non-profit corporation with no capital stock. I have read and understand the by-laws, resolutions, and operating procedures of the Club and agree to be bound by them and by any amendments thereto. I am fully qualified for membership in accordance with current by-laws.

I understand that as a member I will pay fixed monthly dues beginning with the month during which I purchase my share and I am enrolled as a member. The amount of the first month's dues will be pro-rated in proportion to the number of days remaining in the month. I also understand that I shall be billed by the Club additional charges for each hour flown by me in the Club aircraft. I am aware of the current flying time and fixed monthly charges, and that these charges are subject to change by action of the membership in accordance with the by-laws on the basis of good financial practice in a non-profit organization.

In the event that the Directors of the Club approve this application, I will pay the Club, as full payment for said share, the sum of Twelve Hundred dollars (1,200.00) pursuant to parts 2 & 3 of this Application. Upon payment of the membership fee, the member shall have access to all club aircraft that he/she is qualified to operate.

I agree that the giving of false information hereon shall be cause for rejection of my application, or, if I shall be a member at such time as such false information is discovered, it shall be cause for my immediate expulsion from membership without reimbursement of any moneys paid to the Club.

Signature: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICATION FOR MEMBERSHIP

OCTOPUS FLYING CLUB, INC.

General Information		
Last Name		First Name
Street Address		Apt number
City	State	Zip
Home Phone		Cell Number
E-mail Address		
Age:	Date of Birth:	Citizenship

Employment Information		
Employer Name		
Street Address		
City	State	Zip
Work Phone	Fax Number (    )	
E-mail Address		
Occupation		

Aviation Information	
<b>Ratings Held:</b> Private   Instrument   Commercial   Multi Engine   ATP   Other:	
<b>FAA Medical Certificate:</b> 1st Class   2nd class   3rd class	
<b>Date of last FAA Medical Certificate:</b>	
<b>Date of last Bi: Earned PPL certificate on:</b>	
<b>Certificate Limitations:</b>	
<b>Airman/Student Certificate Number:</b>	
<b>Has your license ever been revoked or suspended or have you been in an accident?</b> No   Yes	
<b>Have you been convicted of driving under the influence of alcohol?</b> No   Yes	
<b>Have you been convicted of any felony?</b> No   Yes	
<b>Flight time:</b> Total Hours: Day: Night:  Hours/Last 6 months: Day: Night:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_