MEMBERSHIP APPLICATION

GACE Flying Club INC.
2099 Smithtown Avenue
Ronkonkoma, NY, 11779-7324
Attn: Membership Director

(Please print clearly in ink)

Name: _____
(last) (first) (middle)

Place of Birth: _____ **Date of Birth:** _____

Marital Status: _____ **Spouse's name:** _____

Home Address: _____ ☐ own ☐ rent
Street
_____ _____
City, State Zip

Home phone: _____ **Cell Phone:** _____

Personal Email: _____

Emergency Contact Name: _____ **Phone Number:** _____

Mailing Address: _____
Street
_____ _____
City, State Zip

Employer: _____ **Occupation:** _____

Work Address: _____
Street
_____ _____
City, State Zip

Work phone: _____

Flying Status: _____
(student / prospective student, certificated pilot, current/ not current etc.)

Ratings: _____ **Certificate#** _____

Total Hours Flown (Dual and PIC) _____ **Last Date Flown:** _____

Medical Certificate: _____ _____
Class Date Obtained (Mo. / Yr.)

BFR _____
Date Obtained (Mo. / Yr.)

Have you previously been (or applied to become) a member of the GACE Flying Club?

☐ **Yes** ☐ **No** **(attach explanation of details, if applicable)**

Have you ever had any reportable flying accidents (or incidents) involving the FAA and/or NTSB?

☐ **Yes** ☐ **No** **(attach explanation of details, if applicable)**

Has your driving (motor vehicle) license ever been revoked or suspended in any state?

☐ **Yes** ☐ **No** **(attach explanation of details, if applicable)**

Are you a citizen of the United States?

☐ **Yes** ☐ **No** **(attach explanation of details, if applicable)**

SPONSOR'S STATEMENT

I am pleased to recommend _____ for membership in the GACE Flying Club, and I agree to act as his (or her) sponsor.

Sponsor's name	**Relationship**	**GACE Number**
Signature of Sponsor	**Date**	

The undersigned hereby applies for membership in GACE Flying Club, Inc. and agrees to be bound by the Club Constitution and By-Laws, as currently in effect, and as may be properly amended and further agrees to adhere to the prescribed procedures for operation of club equipment. All statements made on this application, are represented to be true and complete to the best of my knowledge and belief.

Signature of Applicant	**Date**	**Witnessed By**

Please attach a copy (FRONT and BACK) of your:

Driver License
FAA Airman Certificate
Current Medical Certificate
And also attach a copy of your D.M.V. Driver Abstract **NYS DMV**

Direct your completed application to the Membership Director shown on page #1.

To be completed by the GACE Membership Director

Membership date: _____ ***Assigned GACE Pilot #:*** _____

Membership fees:

1000.00	*Non-Refundable initiation fee*
500.00	*Aircraft Investment (refundable)*
65.00	*First months dues for _____ (non pro-rated)*
$1566.00	

Copy of Member's Check:# _____ ***Dated*** _____ ***In the Amount of*** $_____ ***attached***

Membership Director: _____