

APPLICATION FOR MEMBERSHIP
Cambridge Valley Flying Club

PO Box 134, Shushan, NY 12873

Name _____

Address _____

Telephone _____
Home Business

Employer _____
Name Address

Date of Birth _____ **Name of Parent (if under 21)** _____

Current ratings (if any) _____ **Date of last medical** _____

Last Biennial _____

Hobbies _____

Names and addresses of two references other than relatives. One reference should be a Cambridge Valley Flying Club member or Chapin Field Plane Owner if possible.

Name Address and Phone

Name Address and Phone

I, _____, wish to join the Cambridge Valley Flying Club, Inc. Attached is my initiation fee of \$750.00. I understand that when resigning my membership, \$100 of my initiation fee is refundable, less any monies due the Club for flying time, dues or other charges. I have received and reviewed a copy of the Club by-laws and agree to abide by them.

Signature _____ **Date** _____

Prospective members should contact a club officer prior to joining to schedule a review meeting.