ELMIRA AERONAUTICAL ASSOCIATES, INC. MEMBERSHIP APPLICATION & AGREEMENT

Please print:			
Applicant: Name			DOB:
Address:			
City:		State:	Zip:
Phones: Home:	_ Cell:		
E-mail:			
Tailwheel endorsement: Yes or No (circ Tailwheel PIC time logged: Yes or No (cir			
Ratings:			
Last Medical Issue Date:		— Class: I II	III (circle)
Last Flight Review Date (BFR, e.g.)		Total	Time:
Total Time ASEL:To	otal Time ASE	EL tailwheel:	
Time ASEL Past 6 Months:	Total time tail	wheel last 6 mc	onths:
I have received, read, understood and agree Rules of Operations (dated) July 2015, and the current Elmira Aeronauti log and records requirements for billing put Acknowlegement, EAA 533 Hangar Proced initiation fee of \$250 and photocopies of m this application.	, the Elmira ical Associates, rposes. I am re- lures with this on the pilot ce	A Aeronautical A Inc. insurance p eturning a compl completed applic	ssociates, Inc. Bylaws dated policies, as well as the leted Certificate of cation. I am including the
Signature:		Dat	re:
Secretary's Use:			ve member in good standing
of EAA Chapter 533 since Completed Application has been received	((date)	
Fees paid/dates			
Initials:			