

**MEMBERSHIP APPLICATION
BAY AREA AERO CLUB, INC.**

C/O Billy Satterfield, SECRETARY
14927 Brookpoint Dr, Houston TX 77062

Name: _____ Birthdate: _____

Address: _____

Street: _____ Work Phone: _____

City: _____ Home Phone: _____

State: _____ Zip: _____ Email Address: _____

For Pilots, please provide the following data:

License: ATP ____ Comm. ____ Pvt. ____ Student ____

Ratings: Instrument ____ CFI ____ CFII ____ MEI ____ Other ____

FAA Medical (Mo/Yr): _____ Date of Last BFR: _____

Citizenship (US or other? If not a US citizen, please list it.) _____

FLIGHT HOURS	ASEL	RETRACT	MULTI-ENGINE	OTHER
TOTAL HOURS				
PIC HOURS				
HOURS LAST YEAR				

Have you ever had an airplane accident/incident or been cited for a violation of the Federal Aviation Regulations? _____ (If "Yes" attach an explanation.)

If endorsed by a Club member, state his/her name: _____

Have you ever been a member of a flying club? _____ If "Yes", state when, and give name and address: _____

List two personal character references (include name, address, and day & night phone numbers):

1. _____ 2. _____

I declare that the above information is true and that I will abide by the By-Laws and Standard Operating Procedures of the BAAC. I realize that failure to pay for any goods or services at the time payment is requested will subject me to immediate suspension or revocation of membership. I further understand that the Board of Directors may revoke my membership any time within the first 60 days of my initiation, without regard to usual Club procedures. I hereby authorize the BAAC to check my credit rating.

Signed: _____ Date: _____

Applications should be mailed to the Secretary, do not leave your application at the clubhouse. Allow two weeks for processing, you will be contacted upon completion of membership committee review.

For Club Use Only

Date application received: _____ Committee Review Date: _____

Passed: ____ Rejected: ____ Date Contacted: _____

Initiation Date: _____ Fee Paid: _____ Member Number: _____