



CLUB MEMBERSHIP APPLICATION

Name: _____

Address: _____

Cell Phone: _____ Email: _____

License/Rating (circle all that apply):

STUDENT PPL INSTRUMENT COMMERCIAL MULTI ATP

Flight Hours:

Total: _____ Single Engine: _____ Multi Engine: _____

Initial Fee's:

Airhawks club membership	\$500 (one time)
Monthly dues	\$50 (deducted by Flight Circle)
Prepayment of flight time	\$ _____
Recommended a minimum of 4 hrs at \$150/hr = \$600	
Check total	\$ _____

I request membership in Airhawks flying club and agree to the club rules as published by the Board of Directors. I understand I may cancel at any time, but once paid the membership fee will not be refunded.

Applicants Signature: _____ **Date:** _____