



## CLUB MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**License/Rating (circle all that apply):**

STUDENT PPL INSTRUMENT COMMERCIAL MULTI ATP

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**Flight Hours:**

Total: \_\_\_\_\_ Single Engine: \_\_\_\_\_ Multi Engine: \_\_\_\_\_

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**Initial Fee's:**

|  |                                  |
|--|----------------------------------|
| Airhawks club membership .....                     | \$600 (one time)                 |
| Monthly dues .....                                 | \$60 (deducted by Flight Circle) |
| Prepayment of flight time .....                    | \$ _____                         |
| Recommended a minimum of 4 hrs at \$165/hr = \$660 |                                  |
| Check total .....                                  | \$ _____                         |

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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:** \_\_\_\_\_

Submit to: Bob Waunch - (360) 317-5462 - rlwaunch@orcasonline.com