

Las Cruces Aviators Membership Application

Guardian Approval

1. Name of minor applicant _____
2. Name: _____
3. Address: _____

4. Date Of Birth _____
5. Relationship: _____
6. Phone #1: _____ Phone #2: _____
7. Email: _____
8. Drivers License #: _____ Issuing State or Country: _____
9. Employer: _____
10. Employer Address: _____

11. Employer Phone#: _____
12. Occupation / Position: _____
13. I have declared bankruptcy in the last 5 years
14. I hereby certify that i am the minor applicant's Parent, guardian, Person in loco Parentis or Spouse, and i am at least 18 years of age.
15. This application is made with my full consent.
16. I understand if i want to withdraw my consent at any time before this minor applicant reaches the age of 18, Las Cruces Aviators will cancel their membership.

Guardian's Signature: _____

Date: _____