

# Las Cruces Aviators Membership Application

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## SECTION 1 - All Applicants

Type of membership requested:  Flying Member     Associate Member

Introductory flight

How did you learn about Las Cruces Aviators?  WEBSITE     FACEBOOK

friend     other (explain) \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Date Of Birth: \_\_\_\_\_

4. Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Drivers License #: \_\_\_\_\_ Issuing State or Country: \_\_\_\_\_

7. Employer: \_\_\_\_\_

8. Employer Address: \_\_\_\_\_  
\_\_\_\_\_

9. Employer Phone#: \_\_\_\_\_

10. Occupation / Position: \_\_\_\_\_

11.  I am a US citizen.

12.  I am not a US Citizen and have received TSA approval for flight training.

13.  I am a licensed pilot. Type of License \_\_\_\_\_ Country issuing License \_\_\_\_\_

14.  I am interested in obtaining US pilot license.

15.  I am an Aviation Enthusiast.

16.  I currently own an aircraft.

17.  I have declared bankruptcy in the last 5 years,

### Emergency Contact Information

18. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

19. Address: \_\_\_\_\_  
\_\_\_\_\_

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20. Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

21. Relationship to you \_\_\_\_\_

22. Any additional information the club should know: Alternate contacts, ways to get ahold of you, etc. \_\_\_\_\_  
\_\_\_\_\_

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## SECTION 2 - Flying Member Applicants

23.  I have an FAA medical certificate: Class \_\_\_\_\_,  It is Current

I have physical impairment, waivers of statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to your medical certificate.  
(list) \_\_\_\_\_

My next Medical is due in (month & year) \_\_\_\_\_

24.  I have been in one or more aircraft accidents or incidents.

25.  I have been charged with one or more violation of FAA regulations.

26.  I have been in one or more motor accident in the past 3 years.

27.  I have been issued one or more moving traffic citations in the past 3 years.

28.  I have been convicted of a narcotics or DUI felony.

If you checked line 24, 25, 26, 27 or 28 please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29.  I am a Student Pilot. My current instructor is \_\_\_\_\_

30. Total flying hours \_\_\_\_\_ Last 6 Months \_\_\_\_\_

31. Date and duration of last flight \_\_\_\_\_

32. Total time in: Piper PA28-180 \_\_\_\_\_ Cessna 182 \_\_\_\_\_

33. What aircraft type do you the most time in? \_\_\_\_\_ hours \_\_\_\_\_

34. Certificates held / Type ratings \_\_\_\_\_

35. Next Biannual Flight Review due \_\_\_\_\_

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## Section 3 - Membership Applicant's Signature

I understand that the Board of Directors of LAS CRUCES AVIATORS determines my acceptance in the Club. If I am accepted, I agree to adhere to all procedures, regulations, and decisions as set forth by the Club's Board of Directors, Officers, and/or Membership. I agree to keep the Club updated on the flying information as requested, but no less than annually. Additionally I will inform the club if any of my answers to the above questions change. *I also understand that the first month's dues and the membership fee are not refundable once this application is approved and that a 30 day cancellation is required.* If the application is not-approved, I understand that any monies paid will be refunded.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Section 4 - Club Officers Approval

- Drivers License (both sides)       Medical Certificate       Pilot Certificate (both sides)
- Copy of last page (or more) of Log Book (must include cumulative total times)
- Other Certificated and/or flying credentials not listed (please describe) \_\_\_\_\_
- 

- Non-refundable First month's Dues       Non-refundable Membership Fee

- APPROVED       DENIED      (Requires at least two to be approved or denied)

Board Member 1 Name: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Board Member 2 Name: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Board Member 3 Name: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Section 5 - Club CFI Certification

- I attest that Applicant's or Guardian's ID has been provided.

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

CFI Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Section 6 - New Member Checklist

- Name tag ordered
- File created
- Contact created
- Entered in QuickBooks
- Entered in verification spreadsheet
- Reservation System invitation sent
- Website invitation sent
- Bylaws sent
- Club Rules sent
- Members' Handbook sent
- Airport Safety Seminar link sent