

## Aero Investors, L.C. Pilot Information & Membership Application

Name\_\_\_\_\_ Home Phone\_\_\_\_\_

Address\_\_\_\_\_ Bus. Phone\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_ Cell Phone\_\_\_\_\_ Birth

Date\_\_\_\_\_ Occupation\_\_\_\_\_ Medical

Date\_\_\_\_\_ Last Flight Review Date\_\_\_\_\_ Medical

Class\_\_\_\_\_ Total Hours Logged\_\_\_\_\_

Hours Last 90 Days\_\_\_\_\_ Last 12 Months\_\_\_\_\_ Tail Wheel

Hrs.\_\_\_\_\_ Retractable Hrs.\_\_\_\_\_ Multi-Engine Hrs.\_\_\_\_\_ Certificates and

Ratings\_\_\_\_\_ Pilot

Certificate#\_\_\_\_\_ Recurrent

Training Last 12 Months\_\_\_\_\_

If so, where and when\_\_\_\_\_ Total

Hours Cessna 172\_\_\_\_\_

E-mail address \_\_\_\_\_

**I have reviewed and agree to abide by the Aero Investors LC Member Rules and Bylaws.**

**Member Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

***If member is under 18 years of age:*** I understand that aviation involves the risk of injury or death and give consent to the named above to participate in the Aero Investors Club. I indemnify and hold harmless Aero Investors LC, it's managers, members, and associated instructors. I accept full responsibility, including financial obligations, for the above named member.

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_ (parent or legal guardian)

**Address:**\_\_\_\_\_ **Phone**\_\_\_\_\_