

# MEMBERSHIP APPLICATION

GACE Flying Club INC.  
2099 Smithtown Avenue  
Ronkonkoma, NY, 11779-7324  
Attn: Mark Goodman

(Please print clearly in ink)

Name: \_\_\_\_\_  
(last) (first) (middle)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Home Address: \_\_\_\_\_  own  rent  
Street  
City, State Zip

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street  
City, State Zip

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street  
City, State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FLYING STATUS:** \_\_\_\_\_  
(student / prospective student, certificated pilot, current/ not current etc.)

Ratings: \_\_\_\_\_ Certificate# \_\_\_\_\_

Total Hrs Flown (Dual and PIC) \_\_\_\_\_ Last Date Flown: \_\_\_\_\_

Medical Certificate: \_\_\_\_\_  
Class Date Obtained ( Mo. / Yr. )

BFR \_\_\_\_\_  
Date Obtained ( Mo. / Yr. )

Have you previously been (or applied to become) a member of the GACE Flying Club?

(yes/no details, if applicable)

Have you ever had any reportable flying accidents (or incidents) involving the FAA and/or NTSB?

(yes/no details, if applicable)

Has your driving (motor vehicle) license ever been revoked or suspended in any state?

(yes/no details, if applicable)

Are you a citizen of the United States?

(yes/no details, if applicable)

**SPONSOR'S STATEMENT**

I am pleased to recommend \_\_\_\_\_ for membership in the GACE Flying Club, and I agree to act as his (or her) sponsor.

_____ Sponsor's name	_____ Relationship	_____ GACE Number
_____ Signature of Sponsor	_____ Date	

The undersigned hereby applies for membership in GACE Flying Club, Inc and agrees to be bound by the Club Constitution and By-Laws, as currently in effect, and as may be properly amended and further agrees to adhere to the prescribed procedures for operation of club equipment.

All statements made on this application, are represented to be true and complete to the best of my knowledge and belief.

_____ Signature of Applicant	_____ Date	_____ Witnessed By
---------------------------------	---------------	-----------------------

**Please attach a copy of your:**

- Driver's License**
- D.M.V. Driver's Abstract (from Dept. of Motor Vehicles)**
- FAA Airman's Certificate**
- Current Medical Certificate**

**And submit your completed application to the membership director shown on the first page.**

**Thank you**

**To be completed by the GACE Membership Committee**

**Received On:** \_\_\_\_\_ **Card#** \_\_\_\_\_ **Issued On:** \_\_\_\_\_

**Membership Director:** \_\_\_\_\_

**Investment Amount:** \$250 Investment Fee + \$500 Non-refundable Admin Fee + \$45 - 1st Month Dues = \$795

**Dues for the Month of:** \_\_\_\_\_ **Received** \_\_\_\_\_ **Membership date:** \_\_\_\_\_