

# Eagle Associate Membership Form

**Applicant must pay before flight**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
2. Phone Number(Cell) \_\_\_\_\_
3. Email Address \_\_\_\_\_
4. Home Address \_\_\_\_\_  
\_\_\_\_\_
5. Pilot Certificate Type \_\_\_\_\_ Certificate # \_\_\_\_\_
6. Class Medical/Date \_\_\_\_\_
7. Emergency Contact Name/Phone # \_\_\_\_\_

I understand that by paying the fee for this flight, I become and associate member of the Eagles Sport Aviation Club. As a member of the Eagles Sport Aviation Club, I understand that I am a part-owner in the corporation and all its assets. I also understand that as a part-owner I cannot legally hold the organization responsible for any personal injury which might result from my participation in this organization. I also understand that my membership will terminate at the completion of the flight.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Instructor Pilot: \_\_\_\_\_ IP Signature \_\_\_\_\_

Date of Flight: \_\_\_\_\_ Time \_\_\_\_\_