

STANFORD FLYING CLUB

Membership Application

Yes, I want to become a Member:

I am very interested in flying, and the following courses (Please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Solo Pilot | <input type="checkbox"/> Flight Instructor Rating |
| <input type="checkbox"/> Sport Pilot | <input type="checkbox"/> Airline Transport Pilot |
| <input type="checkbox"/> Private Pilot | <input type="checkbox"/> Personal Jet Rating |
| <input type="checkbox"/> Commercial Pilot | <input type="checkbox"/> Mountain Flying |

- I am very interested in educational aviation resources, such as the exclusive Cessna Web-based Integrated Flight Training System

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ e-Mail _____
Home Phone (____) _____ Work Phone (____) _____
Age _____ Department/Profession _____

- Please charge the \$85 Club Enrollment fee to my credit card:
 Visa Card Master Card American Express

Card Number _____ Expiration Date _____

- I would like to pay the \$85 by Check:
Bank/Routing Number ____ | ____ | ____
Account Number _____

Signature _____

Please print this page and return the completed form to:
Stanford Flying Club, PO. Box 20488, Stanford, CA 94309
or scan and e-mail to FlyStanford@me.com