

EDMONTON FLYING CLUB
MEMBERSHIP APPLICATION

SURNAME: _____ GIVEN NAMES: _____

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____

HOME PHONE: _____ WORK PHONE: _____

CELLULAR PHONE: _____ FAX NUMBER: _____

PILOT'S LICENCE NUMBER: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

E-MAIL ADDRESS: _____

NEXT OF KIN: _____ RELATION: _____

HOME PHONE: _____ WORK PHONE: _____

I also acknowledge receipt of Flying Order No. 1 dated September 10/99.

APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

Applicants under the age of 18 must complete the following:

DECLARATION OF GUARDIAN CONSENT

I/we _____, being the legal guardian(s) of _____
do hereby give consent for him/her to take flying lessons at the Edmonton Flying Club and I/we will be responsible for any charges or expenses that my son/daughter may incur at the Edmonton Flying Club.

GUARDIAN SIGNATURE

WITNESS SIGNATURE

GUARDIAN SIGNATURE

WITNESS SIGNATURE

Member # _____

