

American Aero Club Application

Personal Information	
Name:	
Address:	
Home Phone:	Cell Phone:
Email:	
Birthdate:	Citizenship:
Employment Information	
Employer & Occupation:	
Work Phone:	
Emergency Contact	
Contact #1:	
Phone:	Relation:
Contact #2:	
Phone:	Relation:
Medical Information:	
Medical Class: 1st 2nd 3rd	Issue Date:
Issuing AME:	Expiration Date:

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Pilot Certificates and Ratings	
Pilot Certificate Type: Student Private Commercial ATP	
Certificate Number:	Date of Issue:
Total Time:	Last Flight Review:
Category and Class Ratings:	
Instrument Rated: Yes No	
Additional Endorsements:	
Renter's Insurance Information	
Insurance Company:	
Policy Number:	
Agent Name and Phone:	
Billing Option	
Circle one: Monthly Dues Billed Automatically Annual Dues Prepayment	

Have you ever had your Airman's Certificate revoked or suspended?

Have you ever had an accident or incident?

*If yes to either of the previous 2 questions, please attach an explanation.