

SCSU AERO CLUB Application for Membership

SCSU Aero Club 720 4th Ave S HH- 216 St. Cloud, MN 56301

Please fill out all appropriate information and bring with to your orientation

Membership status you are applying for: Regular Alumni EAA 551 Associate

Note: Regular members must be a student, faculty, or staff at St. Cloud State University (SCSU), St. Johns/St. Benedict, or St. Cloud Technical and Community College (SCTCC)

Please print legibly

Name: _____ Email: _____

Tech or College ID # _____ (students only)

Current Pilot's License: None Student Private Other _____

Permanent Address: _____

City/State/Zip: _____

Phone: Home (_____) _____ Cell (_____) _____

Emergency Contact, (**MUST BE A PARENT, SPOUSE, RELATIVE or GUARDIAN**):

Name: _____ Phone: (_____) _____

Address: _____ Relationship: _____

City/State/Zip: _____

I hereby attest and agree to the following statements:

1) I am a bona fide student, faculty, or staff member of SCSU, St. Johns/St. Benedict, SCTCC, or an EAA Chapter 551 member.

I am currently enrolled for _____ credits, or on contract for the 20____ - _____ school year, or on a civil service appointment (student, faculty/staff members only)

2) SCSU Student applicants: I have paid the SCSU student activity fee for the current semester.

3) I understand that attendance at Aero Club meetings is expected so that I can be a well informed and active member.

4) I will know and comply with the FAA and Aero Club bylaws and operating rules.

5) I have never had my driver's or pilot's license suspended or revoked. (If you have had a driver's or pilot's license suspended or revoked, please check with the SCSU Aero Club before continuing.)

6) I have not violated federal, state, or local statutes pertaining to the use and/or transportation of illegal drugs, alcohol, barbiturates, etc.

7) I agree to familiarize myself with Aero Club Bylaws and operating rules as posted on the Aero Club website (<http://www.scsuaeroclub.org>)

Signed _____ Date _____

For Aero Club Board use only

() Regular member initial Fee Paid, () Annual Dues Paid, () Alumni , () Associate

Approved as of date _____ by _____