

# 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 License (sm) | <input type="checkbox"/> Flight Instructor Rating   |
| <input type="checkbox"/> Private Pilot License   | <input type="checkbox"/> Airline Transport Pilot    |
| <input type="checkbox"/> Instrument Rating       | <input type="checkbox"/> Cessna Citation Jet Rating |
| <input type="checkbox"/> Commercial License      | <input type="checkbox"/> Mountain Flying            |
- I am very interested in educational resources, such as use of the exclusive Cessna Integrated Flight Training System.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Age \_\_\_\_\_ Department/Profession \_\_\_\_\_

Enclosed is a check for \$85 payable to Stanford Flying Club.

Credit card. Please charge \$85 to the following credit card (please circle one):

Visa       Master Card       AmEx

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please print this page and return the completed form to:  
Stanford Flying Club, P.O. Box 20488, Stanford, CA 94309.  
Upon acceptance, your membership card will be mailed to you.