



2160 West Case Road Box 15 (Hangar 3)  
 Columbus, OH 43235  
 Phone/Fax: (614) 459-2541  
[www.capitalcityaviation.com](http://www.capitalcityaviation.com)  
 Email: admin@capitalcityaviation.com

<b>MEMBER APPLICATION</b>		
Please print legibly in Black or Blue ink.		
<b>MEMBER INFORMATION</b>		
<b>Name:</b>		
<b>D.O.B:</b>		
<b>Current address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>EMPLOYMENT INFORMATION</b>		
<b>Current employer:</b>		
<b>Position:</b>		<b>Phone:</b>
<b>City:</b>	<b>State:</b>	<b>E-mail:</b>
<b>EMERGENCY CONTACT</b>		
<b>Name:</b>		
<b>Address:</b>		<b>Phone:</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Relationship:</b>		
<b>SPOUSE INFORMATION IF JOINT MEMBERSHIP</b>		
<b>Name:</b>		
<b>D.O.B:</b>		<b>Phone:</b>
<b>REFERRALS</b>		
<b>Name:</b>	<b>Phone:</b>	
<b>SIGNATURES</b>		
<p>In the event my check is returned to Capital City Aviation from my bank for any reason, a \$45.00 service fee will be charged to my account. I authorize Capital City Aviation to charge my credit card for services rendered if I do not present a personal check as payment at the completion of each training or rental session. I also understand that my monthly membership dues will be billed directly to the current credit card on file with Capital City Aviation.</p>		
<b>Signature of member:</b>		<b>Date:</b>
<b>Signature of spouse</b> <i>(only if for a joint membership):</i>		<b>Date:</b>

Membership Documents Disk #: \_\_\_\_\_ Revision \_\_\_\_\_ Access Card #: \_\_\_\_\_

CCA Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>PILOT HISTORY INFORMATION</b>					
Please print legibly in Black or Blue ink.					
<b>Name:</b>					<b>D.O.B:</b>
CERTIFICATES & RATINGS					
<b>Pilot Certificate #:</b>					
<b>Type:</b> <i>(check all that apply)</i>					
Student	Private	Commercial	ATP	Instrument	
ASEL	ASES	AMEL	AMES	Rotorcraft	Other _____
CFI	CFII	MEI	AGI	IGI	
Medical Certificate #:		Class:	First	Second	Third
<b>Date:</b>		<b>Examiner:</b>			
FLIGHT EXPERIENCE					
Total Time:	PIC:	Solo:	Dual:		
Dual Given:	SEL:	MEL:	Instrument:		
Complex:	High-Perf:	XC:	Night:		
Last 12 mos:	6 mos:	90 days:	30 days:		
FLIGHT CURRENCY					
<b>Last Flight Review:</b>		<b>IPC:</b>		<b>Last Flight:</b>	
<b>Night Currency:</b>		<b>Instrument:</b>		<b>CCA Review:</b>	
PERSONAL INFORMATION					
<b>Citizenship:</b>		<b>Sex:</b>	Male	Female	<b>Height:</b> in.
<b>Weight:</b>	lbs.	<b>Hair Color:</b>		<b>Eye Color:</b>	
INSURANCE INFORMATION					
<b>Provider:</b>	<b>Exp:</b>	<b>Hull Value:</b>		<b>SEL</b>	<b>MEL</b>
PHOTOCOPY CHECKLIST					
<i>Must be initialed by a CCA representative</i>					
_____ Passport or Birth Certificate	_____ Drivers License or Photo ID	_____ Renters Insurance			
_____ Pilot Certificate	_____ Instructor Certificate	_____ Medical Certificate			
_____ Last completed logbook page	_____ Flight Review	_____ IPC			
_____ High Performance endorsement	_____ Complex Endorsement				
SIGNATURES					
I verify that the above information is accurate and true to the best of my knowledge.					
<b>Signature of member:</b>				<b>Date:</b>	