

ECRCC MEMBER INFORMATION

OKAY TO CALL
YES NO

NAME: _____ PHONE # _____
ADDRESS: _____ HOME: _____
_____ WORK: _____
_____ CELL: _____
E-MAIL: _____ PAGER: _____
AMA #: _____ D.O.B. _____ MALE FEMALE

FAMILY INFORMATION

SPOUSE: _____ (PLEASE ADD AGES FOR CHILDREN)
CHILDREN: _____

MEMBER FLYING HISTORY & EXPERIENCE

HAVE YOU SOLOED? YES NO DO YOU NEED A TRAINER? YES NO
HAVE YOU EVER TRAINED A PILOT? YES NO DO YOU MAINTAIN A TRIANING AIRPLANE? YES NO

ARE YOU WILLING TO BE A BOARD MEMBER? YES NO
ARE YOU WILLING TO ASSIST IN FIELD MAINTENANCE? YES NO
DO YOU HAVE A RIDING LAWN MOWER? YES NO
WHAT OTHER WAYS DO YOU FEEL THAT YOU MIGHT BE
ABLE TO ASSIST THE CLUB? _____

MISCELLANEOUS NOTES: _____

SPECIAL AREAS OF INTEREST	
AEROBATICS	<input type="checkbox"/>
COMBAT	<input type="checkbox"/>
SCALE	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

PLEASE CIRCLE ALL OF YOUR CURRENT CHANNELS									
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60

SIGNATURE: _____ DATE: _____

ACCEPTED BY: _____ BOARD POSITION _____