

T-CRAFT AERO CLUB

Membership Upgrade

Name:		Home Phone:	
Address:		Work Phone:	
City, State ZIP:		Cell Phone:	
E-Mail Address:			

EXPERIENCE:

Aircraft Type:	_____	_____	_____	_____	TOTAL HOURS FLOWN
	_____	_____	_____	_____	
Hours in Type:	_____	_____	_____	_____	
	_____	_____	_____	_____	

CFI to give Check-out

CFI Name:		Phone:	
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I, the undersigned formally request to upgrade my membership from Class I to Class II. I have read and understand the requirements listed in T-Craft Aero Club Policy, Item 12.

X _____ **Date:** _____

Date of Action:	_____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED
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Board of Directors Present:
