## Application for Alumni Membership

Full Name: $\qquad$
Address: $\qquad$
City/State/Zip: $\qquad$
Phone: $\qquad$
Email: $\qquad$
Social Security Number: $\qquad$ - $\qquad$ - $\qquad$
Grade of Pilot's Certificate: $\qquad$
Year Graduated from SCSU: $\qquad$

## In Case of Emergency, please contact:

Name: $\qquad$
Address: $\qquad$

Phone: $\qquad$
Relationship: $\qquad$

City/State/Zip: $\qquad$

1) I certify that I was an active member of the SCSU Aero Club as a student, faculty, or professional support personnel for a minimum of two semesters or three quarters.
2) I understand that this is only an application for Alumni membership, and is subject to approval by the current Aero Club Board.
3) I agree that if given acceptance, I will abide by all current Aero Club Bylaws and Federal Aviation Regulations.
4) I have never had my driver's or pilot's license revoked (Revocation of driver's license or pilot's license may disqualify you from membership privileges.)
5) I have not violated federal, state, or local statutes pertaining to the use and/or transportation of illegal drugs, alcohol, barbiturates, etc.

I hereby attest and agree to the above information

## Applicant's Signature

 DateYour application will be reviewed by the Board as soon as possible and you will be contacted within a few weeks.
Record of Action by Board: ( ) Approved Date:
( ) Other $\qquad$

