Please print this form, complete the appropriate information and mail to: SCSU Aero Club, 720 4^{th} Ave S, Headley Hall 216, St. Cloud, MN 56301.

Application for Alumni Membership

Full Name:	
City/State/Zip:	
Phone:	
Email:	
Social Security Number:	
Grade of Pilot's Certificate:	
In Case of Emergency, please contact	<u>.</u>
Name:	Phone:
Address:	
City/State/Zip:	
 2) I understand that this is only an a approval by the current Aero Clu 3) I agree that if given acceptance, I Federal Aviation Regulations. 4) I have never had my driver's or p license or pilot's license may disc 	will abide by all current Aero Club Bylaws and bilot's license revoked (Revocation of driver's qualify you from membership privileges.) or local statutes pertaining to the use and/or cohol, barbiturates, etc.
Applicant's Signature Your application will be reviewed by contacted within a few weeks.	Date the Board as soon as possible and you will be
·	() Approved Date: