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MEMBER APPLICATION		
Please print legibly in Black or Blue ink.		
MEMBER INFORMATION		
Name:		
D.O.B:	SSN:	License #:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Email:
EMPLOYMENT INFORMATION		
Current employer:		
Position:		Phone:
City:	State:	E-mail:
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
D.O.B:	SSN:	Phone:
REFERRALS		
Name:	Phone:	
CREDIT CARD INFORMATION		
Type: Check one	VISA MASTERCARD	Card Number:
Expiration:		Security Code:
SIGNATURES		
<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>		
Signature of member:		Date:
Signature of spouse <i>(only if for a joint membership):</i>		Date:

Membership Documents Disk #: _____ **Revision** _____ **Access Card #:** _____

CCA Representative: _____ **Date:** _____