



Charleston International Airport, Office 304 • Charleston Executive Airport
 6060 S Aviation Blvd, Suite 304, North Charleston, SC, 29406
 Phone: (843) 566-1011 | Email: Info@CoastalCityAviation.com
 www.CoastalCityAviation.com

MEMBER APPLICATION		
Please print legibly in Black or Blue ink.		
MEMBER INFORMATION		
Name:		
D.O.B:		
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:		Phone:
REFERRALS		
Name:	Phone:	
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:** _____



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PILOT HISTORY INFORMATION					
Please print legibly in Black or Blue ink.					
Name:			D.O.B:		
CERTIFICATES & RATINGS					
Pilot Certificate #:					
Type: <i>(check all that apply)</i>					
Student	Private	Commercial	ATP	Instrument	
ASEL	ASES	AMEL	AMES	Rotorcraft	Other _____
CFI	CFII	MEI	AGI	IGI	
Medical Certificate #:		Class:	First	Second	Third
Date:		Examiner:			
FLIGHT EXPERIENCE					
Total Time:	PIC:	Solo:	Dual:		
Dual Given:	SEL:	MEL:	Instrument:		
Complex:	High-Perf:	XC:	Night:		
Last 12 mos:	6 mos:	90 days:	30 days:		
FLIGHT CURRENCY					
Last Flight Review:		IPC:		Last Flight:	
Night Currency:		Instrument:		CCA Review:	
PERSONAL INFORMATION					
Citizenship:		Sex:	Male	Female	Height: in.
Weight: lbs.	Hair Color:			Eye Color:	
INSURANCE INFORMATION					
Provider:	Exp:		Hull Value:		SEL MEL
PHOTOCOPY CHECKLIST					
<i>Must be initialed by a CCA representative</i>					
_____ Passport or Birth Certificate	_____ Drivers License or Photo ID	_____ Renters Insurance			
_____ Pilot Certificate	_____ Instructor Certificate	_____ Medical Certificate			
_____ Last completed logbook page	_____ Flight Review	_____ IPC			
_____ High Performance endorsement	_____ Complex Endorsement				
SIGNATURES					
I verify that the above information is accurate and true to the best of my knowledge.					
Signature of member:				Date:	