

Aruba Flying Club

- e s t a b l i s h e d 1 9 4 2 -

APPLICATION FORM

Name (Last name)	
First name (Given names)	
Common First name (how are you called)	
Address (street, city, country)	
Phone (Home)	
Phone (Cellular)	
Fax (Home)	
Email address (which is working)	
Birthday	Day: Month: Year:
Employer	
Work Address	
Work phone	
Work fax	
Occupation	
Emergency contact number	
Emergency contact name	
Relation to member (wife, father, etc)	

Aviation Affiliation

Student Pilot Pilot Retired Pilot Other

Type of Membership

Flying (Pilot and Student Pilot) Non Flying (Others)

I hereby apply to become a member of the Aruba Flying Club (AFC) for an indefinite period. I may terminate my membership anytime by notifying AFC in writing. I hereby acknowledge that I am obliged to pay the membership fee in force to Aruba Flying Club on the Caribbean Mercantile Bank account # 152 888 02 or any other form accepted by AFC. I will adhere to the articles of incorporation of AFC, the bylaws of AFC and any other guidelines issued by the Board of Directors of AFC.

By my signature, I confirm that all information on my application form is true and correct.

Signature _____ Date _____

If for any reason the application is not accepted, the Club will refund the membership fee.

ARUBA FLYING CLUB - Bank: **CMB** (Caribbean Mercantile Bank) Account: **152.888.02**

Paradera 3-A, Aruba, DWI

▪ tel. (297) 583-3778 ▪ fax (297) 583 5890 ▪ www.arubaflyingclub.com ▪ info@arubaflyingclub.com



STANDING ORDER INSTRUCTIONS

ARUBA FLYING CLUB
 CAYA BETICO CROES 158
 ORANJESTAD, ARUBA
 tel: +297-583-3778 fax: +297-583-5890
 info@arubaflyingclub.com
 website: www.arubaflyingclub.com

BANK INFORMATION

To: (the name of your bank) _____
 Attention: _____
 Address of your branch _____
 Country: _____

STANDING ORDER INFORMATION

Please be so kind to put in effect the following Standing Order Instruction:

Debit Account (Your Bank account) _____

In the name of (Your Name) _____

Amount in AWG:

	FLYING MEMBER		NON-FLYING MEMBER	
Frequency: <input type="checkbox"/> PER YEAR	<input type="checkbox"/> YEARLY installment AWG. 240.-/year	<input type="checkbox"/> YEARLY installment: AWG. 180.-/year		
<input type="checkbox"/> PER MONTH	<input type="checkbox"/> MONTHLY: AWG. 20.-/month	<input type="checkbox"/> MONTHLY installment: AWG. 15.-/month		

Effective Date: _____

Number of Payments: _____

BENECIFIARY INFORMATION

ACCOUNT: 152.888.02
 ARUBA FLYING CLUB
 Bank: C.M.B. Caribbean Mercantile Bank N.V.
 CAYA G.F. BETICO CROES 53
 ORANJESTAD, ARUBA
 tel:582-3118 fax: 582-4373

X _____
 Signature

X _____
 Print Name