	APPLICATION	ON FOR MEMBERSHIP (2	01 <u> </u>	⊔Social			
NAME:							
ADDRESS	3 :						
CITY:		PROVINCE POSTAL	CODE: E-MAIL:				
PHONE (H	l):	PHONE (W):	PHONE (C):				
AIRCRAF	T#1 MAKE	MODEL	REGISTRATION				
AIRCRAF	T #2 * MAKE	MODEL	REGISTRATION				
* If more than one aircraft is listed above the applicant will be required to provide proof of ownership for all aircraft.							
FUEL KEY	REQUIRED Y	YES NO NO KEY REQU	JIRES A \$25 REFUNDABLE DEPO	SIT			

Membership conditions:

- 1) Lyncrest airport is owned and operated by the Springfield Flying Club. It is maintained through the volunteer efforts of the Flying Club members and it is expected that all members will contribute to this upkeep and maintenance. If your application for membership is accepted you will be required to meet with the Membership Chairman for a new member orientation discussion. At that time the various volunteer roles will be reviewed and agreement reached on how the applicant can best fulfill his/her volunteer obligations.
- 2) Regular monthly membership meetings, are held on the first Tuesday of every month (April October) at 7:30 pm in the Clubhouse and on the first Saturday of each month (November March) at 1:00 pm. It is expected that all members will make an effort to attend meetings in order that the business of the Club can be conducted and important decisions concerning the operation of the airport can be made.
- 3) All members are expected to abide by the Club rules, safety regulations and by-laws. A copy will be provided to all new members.
- 4) All members are expected to sign the Club's liability waiver.

See page 2 for dues schedule



References:

Please list any c	liihs where voii	currently or	nreviously he	ld membershin:

Please	list any clu	ubs where	you curre	ently or pr	eviously h	neld memb	pership:				
Club Name: Club Address					ļ	Club Name:					
					!						
Phone	Number:				ļ	Phone Number:					
Contact Person:						Contact Person:					
Please	provide at	least one	personal	characte	reference	e:					
Name					I	Name					
Address					į	Address					
Phone Number:				 	Phone Number:						
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JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
400.00	370.00	340.00	310.00	280.00	250.00	220.00	180.00	140.00	100.00	60.00	30.00
20.00 420.00	18.50 388.50	17.00 347.00	15.50 325.50	14.00 294.00	12.50 262.50	11.00 231.00	9.00 189.00	7.00 147.00	5.00 105.00	3.00 63.00	1.50 31.50
	pay the ar	mount sho	own below send alor	the monting with co	h you are mpleted a	applying application	e: Bottom rov for member and a sig	ership. Ma	ake chequ	ıe payable	e to the
			Attr 571 Box	i: Membe 19 Murdo : 55, Grou	lying Clu rship Cha ck Road ip 612 SS B R2C 22	airman 5 6					
	To qualify for amount app		mber rates	a former m	nember mu	ist be awa	y for at lea	st a year.	If less, the	full annua	I
membe		nditions i					gfield Fly pility Waiv				
Signatu	ıre				Date _						