TOLEDO BUZZARDS LIGHT SPORT AIRCRAFT CLUB

Membership Application

Personal information

Name: _____ D.O.B: _____

Address: _____

City/St/Zip: _____

Email: _____ Phone: _____

Employer: _____ Phone: _____

Address: _____

City/St/Zip: _____

Emergency contact: _____ Phone: _____

Pilot information:

Certificate number: _____

Ratings/Endorsements: _____

Medical class: _____ Expiration date: _____

Total flight hours: _____ Flight Review date: _____

Types of aircraft flown: _____

The information provided above is true and correct to the best of my knowledge.

_____ _____ _____
Signature Printed Name Date

_____ _____ _____ _____
Signature Printed Name Relationship Date

If under the age of 18, signature of parent or gaurdian

Dues: $ 250 per year, Insurance $1000/year or $275 / 3 months

Cash or Check (payable to Toledo Buzzards Light Sport Aircraft Club, Inc.)
Turn in this form and dues / insurance to the person signing you up or by mail:
Toledo Buzzards, 2552 Riverview Drive, Maumee, OH 43537

Office Use Only Accepted: _____

Checklist: ▢ Signed Application | ▢ Release of Liability and Assumpiton of Risk | ▢ Bylaws
▢ Dues Paid ▢ Insurance Paid

Revised 8/2026