

MISHAWAKA AIR ACTIVITIES, INC  APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sponsored By (MAA Member): \_\_\_\_\_

US Citizen? \_\_\_\_\_

**Non US citizen, contact the nearest FSDO to get proper instruction to fly legally in the USA.**

1. Have you ever been a member of this or any other flying club before? (circle one) **YES NO** If yes, give details, including name and address of club (other than MAA), reasons for leaving, etc.
2. Have you ever been convicted of any drug or alcohol related offense (including driving while under the influence)? (circle one) **YES NO**. If yes, give dates and details. If you answered yes and you have taken an FAA Class I, II, or III physical since, did you report to the proper authority at that time?
3. Have you ever been convicted of anything other than a traffic violation? (circle one) **YES NO**. If yes, give details.
4. Why do you want to join the Mishawaka Air Activities?
5. List 3 credit and 3 personal references

**Credit (Name, Address, Phone)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Personal (Name, Address, Phone)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby apply for membership in the Mishawaka Air Activities, Inc. (MAA). If accepted and upon payment of the initiation fee, I agree to be bound by and conform to the bylaws and rules of the MAA in force and time. I WILL MAKE APPLICATION TO, PAY THE INITIATION FEE AND ANY OTHER AMOUNTS DE TO BECOME AND CONTINUE TO BE A MEMBER OF THE MISHAWAKA PILOTS CLIB, (MPC) PRIOR TO MY BECOMING A MEMBER OF THE MAA. I UNDERSTAND THAT MAA MEMBERSHIP IS CONTINGENT UPON MY MEMBERSHIP IN THE MPC.

I certify that the information contained in this application is correct to the best of my knowledge and I agree that any misrepresentation made by me in this application will be sufficient cause for cancellation of the application and/or for separation from my membership in the future. All facts stated in this application are open to investigation and verification by the MAA and I release any person or business from any liability or damage whatsoever for issuing same.

**Signature of Applicant:** \_\_\_\_\_ **Signature of Sponsor:**

\_\_\_\_\_

**Return this application to:**  
**Mishawaka Air Activities, Inc.**  
**P.O. Box 303**  
**Osceola, IN 46561**

**For MAA Use Only**

**Date Application Received:** \_\_\_\_\_

**Investigation Report:** (Credit, References, FAA, DOT, etc)

\_\_\_\_\_ Favorable, Recommended for approval

\_\_\_\_\_ Not favorable, Committee does not recommend for approval

**Comments:**

**Vice President & Chairman of Interview Committee Report:**

**Date:** \_\_\_\_\_ **Signed:**

\_\_\_\_\_