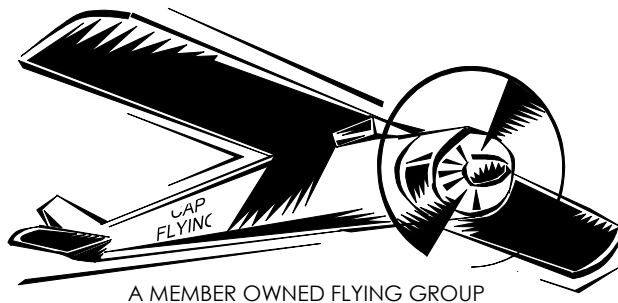


CAP FLYING, INC.

P.O. Box 699
PLYMOUTH, FL 32768

(407)-880-4973 (8AM-5PM ONLY)

WWW.CAPFLYING.COM
(FIND US ON THE WEB)



APPLICATION FOR FLYING STATUS

DATE _____

E-MAIL _____ @ _____

NAME _____ RANK _____ SS/N _____ - - _____

ADDRESS _____ TEL _____ - - _____

APT/SUITE _____ CELL _____ - - _____ WK _____ - - _____

CITY _____ ST _____ ZIP _____

AGE _____ DOB ____/____/____ BI-ANNUAL DATE _____ LAST MED/DATE _____ CLASS _____

Credit Card Information required on reverse side of this form. CFMCVISA1.PUB.

This Application must include the insurance information data sheet. (CAPF Form FRM2A.PUB)

SECURITY DEPOSIT.....	150.00
MEMBERSHIP FEE.....	200.00
THIS MONTH MINIMUM AND MAINTENANCE.....	82.60
ANNUAL DAMAGE WAIVER	180.00
TOTAL DUE.....	\$612.60

E-Mail to (jgrady@jagcinc.com)

I HEREBY SUBMIT THIS APPLICATION TO THE MEMBERSHIP COMMITTEE, IF ACCEPTED, I AGREE TO ABIDE BY THE RULES AND BY-LAWS OF CAP FLYING, Inc. I ALSO UNDERSTAND THAT MINIMUM FLYING PROFICIENCIES SET FORTH BY THE GROUP MUST BE MET. THE GROUP AUTHORIZED FLIGHT INSTRUCTOR WILL BE THE SOLE JUDGE OF FLYING PROFICIENCY. I ALSO AGREE TO PAY FOR ALL FLYING TIME ACCRUED DURING THE MONTH BY THE 15th OF THE FOLLOWING MONTH. I ALSO AGREE TO PAY FOR ALL COLLECTION COST INCURRED BY CAP FLYING, INC. INCLUDING BUT NOT LIMITED TO COURT COST AND ATTORNEY FEES.

WITH THIS APPLICATION I RECOGNIZE THE SECURITY DEPOSIT WILL BE HELD UNTIL UNTILL I RESIGN. I UNDERSTAND THAT I CAN RESIGN ANYTIME BUT ONLY ITS ORIGINAL VALUE IS REFUNDABLE LESS ANY FLYING CHARGES OR RELATED COSTS.

DATE _____

CHECK RIDE DATA
DATE _____ APPROVED _____
CFI NAME _____
_____ (CFI SIGNATURE)

MEMBERSHIP COMMITTEE APPROVAL
NAME _____
_____ (SIGNATURE)
DATE _____

CAPFFIJ.PUB 05/04/09 **PRIOR DATED FORMS ARE OBSOLETE**

COMPLETE INSURANCE FORM ON BACK