



SAN MARTIN AIRPORT, (E16)
13025 MURPHY AVE.
SAN MARTIN, CA 95046

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell: _____ Home: _____ Work: _____

Email 1: _____ Email 2: _____

Date of Birth: _____ CA DL# _____

Citizenship: _____ Passport or Birth Certificate#: _____

Licenses/Ratings: _____ Any Suspensions (if so explain): _____

Any accidents/incidents or anything that led to an aviation related insurance claim (if so explain): _____

Hours Flown PIC: Make/Model Hours: _____

Make/Model Hours: _____ Make/Model Hours: _____

List other current or past flying instruction or rentals companies/clubs you belong to or have used: Name: _____ Location: _____ When: _____
Name: _____ Location: _____ When: _____
Name: _____ Location: _____ When: _____

FAA Medical: Class: _____ Date: _____ Restrictions: _____

I authorize Magnum Aviation, Inc. to forward my information for insurance, and/or regulatory purposes. I verify the above information as true and correct.

Signed: _____ Date: _____