



Membership Application

Name: _____ Given Name: _____

Address: _____

Postal code: _____ Place: _____

Tel.:Privat: _____ Work: _____ GSM: _____

Fax: _____ Email: _____ @ _____

Date of birth: _____ Place: _____

Nationality: _____ Profession: _____

**Recent
colour
photo**

VOTING Member:

☐

ADHERENT Member:

☐

Training License: _____ Solo: yes ☐ no ☐

Number: _____

Delivered by: _____

Valid until: _____

Private pilot license:

Aircraft owner:

Number: _____ yes ☐ no ☐

Delivered by: _____ if yes, registration: _____

Valid until: _____

Qualifications: _____

I sign, that I want to become voting member : adherent member : of AOPA Luxembourg æ å
declare that I will adhere to the associations statutes.
(Adherent members are not eligible for a AOPA – CREW card)

The membership fee: € (50.- € voting member / 12,5.- € adherent member) was paid :

Date: _____ to: _____ C.C.P.L.: LU84 1111 0216 2692 0000

in cash to: _____

Signature of candidate

Member number _____

Accepted, board meeting of _____