

MEMBERSHIP APPLICATION



PERSONAL DATA

NAME (Last, First, Middle)						Date of Birth	
ADDRESS				CITY		ZIP	
HOME PHONE		CELL PHONE		EMAIL			
OCCUPATION		WORK ADDRESS					
SEX	HEIGHT	WEIGHT	HAIR	EYES	DRIVERS LIC#	STATE	
Person to contact in case of emergency	NAME		ADDRESS			PHONE #s	

QUALIFICATIONS

CERTIFICATE(S)	RATING(S)	LAST BFR
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FLIGHT EXPERIENCE

TOTAL	PIC	RETRACT	MULTI	IFR	NIGHT	PAST YEAR	LAST 90 DAYS
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HAVE YOU EVER:

	YES	NO
Been involved in any aircraft accident or incident?	<input type="checkbox"/>	<input type="checkbox"/>
Been found by the FAA to be in violation of any Federal Aviation Regulation?	<input type="checkbox"/>	<input type="checkbox"/>
Had your driver or pilot license/certificate suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Been convicted of driving while intoxicated?	<input type="checkbox"/>	<input type="checkbox"/>

* If the answer to any of the above is YES, please attach a detailed explanation of the circumstances to this form.

- I agree to comply with all club rules and insurance requirements now in effect or as may be set forth in the future.
- I agree to pay any deductible prescribed by club insurance, and further certify that all of the above information is correct.

X SIGNATURE _____ DATE _____

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|---|--|--|
| <input type="checkbox"/> DUES | <input type="checkbox"/> MEDICAL COPY | <input type="checkbox"/> CLUB RULES SIGNATURE PAGE |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> PILOT CERTIFICATE | <input type="checkbox"/> RENTER'S INSURANCE |
| <input type="checkbox"/> PASSPORT/BIRTH CERT COPY | <input type="checkbox"/> PICTURE I.D. | <input type="checkbox"/> COVID LIABILITY RELEASE |
| <input type="checkbox"/> TSA AUTHORIZATION COPY (IF APPLICABLE) | <input type="checkbox"/> STUDENT/RENTER TRACKING FORM (PINK SHEET) | |

How did you hear about us? (Referred by:) _____

CFI _____