



Member Information & Application Form

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____

Secondary Phone: _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Occupation: _____

Employer: _____

Pilot Certificate #: _____

Pilot Certificate Type: ___ Private ___ Commercial ___ ATP

Pilot Ratings: ___ ASEL ___ AMEL ___ ASES ___ Instrument

Class/Date of Most Recent Medical: _____

Date of Most Recent Flight Review: _____

This information is needed to comply with requirements from our insurance provider.



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Flight Hours

Total: _____

Last 90 Days: _____

Cirrus SR20/22: _____

Cherokee Six: _____

Archer: _____

In which flying club have you been (or are) a member? _____

Do you have a record of accidents or incidents as a pilot? ___ Yes ___ No

Has the FAA taken any certificate action against you? ___ Yes ___ No

Have you filed bankruptcy? ___ Yes ___ No

Do you have any record of criminal convictions or any civil judgments against you?
___ Yes ___ No

If "Yes" to any of the above, please explain:
