



MEMBERSHIP APPLICATION

APPLICATION RECEIVED:

DATE APPROVED:

APPROVED BY:

APPLICANT INFORMATION

NAME:	SSN:	DOB:
ADDRESS:		
PHONE:	EMAIL:	
EMERGENCY CONTACT NAME:		
PHONE:	EMAIL:	
ADDRESS:		

EMPLOYMENT INFORMATION

EMPLOYER:	
ADDRESS:	
PHONE:	OCCUPATION:

PILOT INFORMATION

FLYING HOURS / TOTAL:	LAST 6 MONTHS:
TIME IN CLUB A/C TYPES:	
CERTIFICATES HELD:	MEDICAL CLASS:
MEDICAL DUE:	BFR DUE:
HOW MANY HOURS DO YOU PLAN TO FLY NEXT YEAR?	
DATE OF LAST FLIGHT:	

Have you been (check all that apply):

In any aircraft accidents or incidents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Charged with violation of FAA regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any motor vehicle accidents in past 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issued moving traffic citations in past 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a student pilot? ☐ Yes ☐ No

If Yes, list the name and phone number for your current instructor below:

Please include copies of Driver's license, current medical and pilot certificate with this application.

I the understand that the Manager and the membership of the North Perry Flying Club determine my acceptance in the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club's Rules and Operating Procedures, and decisions set forth by the Manager.

Applicant Signature: _____

Date: _____