

Sky's the Limit Flying Club, Inc.

Application for Membership

Applicant Information

Name:		
Address:		
Home Phone:	Cell Phone:	Business Phone:
Email:	DOB:	
Emergency Contact Name:		
Email:	Phone:	

Employer Information

Employer:	
Address:	
Phone:	Occupation

Pilot Experience

Total Flying Hours:	Last 6 Months:	
Time in Archers:	Time in Arrows:	Time in Retractable:
Ratings:	Pilot's License #:	Medical Class:
Medical Due:	Flight Review Due:	
How Many Hours to You Plan to Fly Next Year:		
Date of Last Flight:	AOPA Member #:	

History

Aircraft Accidents or Incidents	Yes	No
FAA Violations	Yes	No
DUI Convictions	Yes	No
Medical Restrictions	Yes	No
If Yes to any above, please explain:		

Credit References

Bank References:
Other Credit References:

Please include copies of Driver's License, Current Medical and Pilot Certificated with this application.

I understand that the Board of Directors and the membership of the Sky's the Limit Flying Club, Inc. 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 constitution and by-laws, and rules and regulations.

Applicant Signature: _____ Date: _____

Approval

Application Received:	Date of Vote:	
Result of Vote	Approve	Disapprove