**Sky’s the Limit Flying Club, Inc.**

Application for Membership

**Applicant Information**

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

**Employer Information**

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| --- |
| 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: |
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**Credit References**

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| 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 |