**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**

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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 |