

**Columbia Flying Club**  
**Membership Applications**  
Form 002 Rev 1.0 12/2021

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pilot Certificate Number: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Total Hours last 12 months: \_\_\_\_\_

Tail Wheel Hours: \_\_\_\_\_

Have you had any incidents: \_\_\_\_\_

Explain: \_\_\_\_\_

Have you had any accidents? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any special learning or medical disabilities that could prevent you from operating an aircraft? (This information is private and only made available to your Instructor should it be determined relevant. You may chose not to answer here but please disclose to your instructor.): \_\_\_\_\_

Medical Class: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Next Due: \_\_\_\_\_ AME Name: \_\_\_\_\_

I certify this information is true and correct to the best of my knowledge.

Print Name:

Signature:

Date: