



KLAMATH BASIN FLYERS

Membership Application

KLMT

Membership Request Type Select: **Flying** **Social**

Applicant Information

- Full Name:
- Mailing Address:
- Phone Number:
- Email Address:

Pilot Information

- Pilot Certificate: (e.g., Private Pilot, Sport Pilot)
- Certificate Issuing Country:
- Certificate Number:
- Medical Certificate: (e.g., Third Class)
- Medical Certificate Expiration Date:

Flight Experience

- Total Flight Hours:
- Tailwheel Experience (if applicable - Yes/No):
- High Performance Experience (if applicable - Yes/No):

References

Please provide the contact information for two current flight instructors or pilots familiar with your flying skills:

- Reference 1: (Name, Email Address, Phone Number (Optional))

Agreement

I understand that membership in the Klamath Basin Flyers requires:

- Meeting the club's flight currency requirements.
- Passing a flight proficiency evaluation with a club CFI.
- Completing a club orientation program.
- Actively participating in the club through volunteering or committee work.

I have read and understood the Klamath Basin Flyers Membership Packet and agree to abide by the club's bylaws.

Signature:

Date:

Please submit this application along with a copy of your pilot certificate and medical certificate to:

Klamath Basin Flyers 818 Loma Linda Drive, Klamath Falls OR 97601 OR klamathbasinflyers@gmail.com

www.klamathbasinflyers.us

For any questions, please contact:

For any questions about membership or the club, please contact:

Klamath Basin Flyers: klamathbasinflyers@gmail.com

Phone - 541-363-7412