

# **Mach 1 Pilots' Association, Inc.**

## **Membership Information**

Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Pilot Certificate # \_\_\_\_\_

Your Medical - Class and Date issued \_\_\_\_\_

Your Last BFR Date \_\_\_\_\_

Date Your Fixed Wing rating Issued \_\_\_\_\_

Your Pilot Certificate Type \_\_\_\_\_

Ratings held \_\_\_\_\_

Hours Flown – Total \_\_\_\_\_

Hours Flown in Fixed Wing Aircraft \_\_\_\_\_

Hours Flown in last 6 months Fixed Wing Aircraft \_\_\_\_\_

List types of airplanes flown \_\_\_\_\_

Have you ever been involved in an aviation accident, FAA enforcement action, incident or unreported claim? (Yes/No. If "yes" attach details) \_\_\_\_\_

In the past 12 months, have you had your pilot or driver's license surrendered, suspended, or revoked, or been arrested for or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol? (Yes/No) \_\_\_\_\_

I certify that the information given is true, correct and complete. This document provides information for possible future membership and is not an acceptance or guarantee of membership acceptance. I agree to give Mach 1 Pilots' Association Inc. permission to verify the information contained on the application and will hold them harmless should my application be rejected.

Signature \_\_\_\_\_ Date \_\_\_\_\_