

Thoroughbred Flying Club Membership Application

APPLICANT INFORM	ATION				
NAME:					
ADDRESS:					
PHONE:	EMAIL:		AGE:	DOB:	
EMERGENCY CONTACT N	IAME:		1		
PHONE:	EMAIL:				
ADDRESS: (IF DIFFERENT F	FROM ABOVE)				
EMPLOYER INFORM	ATION				
EMPLOYER:					
ADDRESS:					
PHONE:		OCCUPATION:			
PILOT INFORMATION			LACT CMONTHO		
FLYING HOURS/TOTAL:			LAST 6 MONTHS:		
TIME IN CLUB A/C TYPES: Citabria:	Tailwheel:	Tailwh	neel Endorsement:		
RV12:					
Cessna 172:					
Cessna 182: Cirrus SR22:	Cirrus Training	Cortificato:			
Cirus SNZZ.	Cirrus Training	g Certificate.			
CERTIFICATES AND RATINGS:			DATE ISSUED:		
CERTIFICATE NUMBER:			MEDICAL CLASS:		
LAST BFR DATE:			MEDICAL DATE:		
HOW MANY HOURS DO YO	OU PLAN TO FLT NEXT	YEAR?			
DATE OF LAST FLIGHT:					

Have you been (check all that apply): In any aircraft accidents or incidents	YN
Charged with violation of FAA regulations If Yes include Basic details:	YN
In any motor vehicle accidents in past 3 years Issued moving traffic citations in past 3 years If Yes include Basic details:	YNN
Please include copies of Driver's license, Pilot Ce Certification with this application.	ertificate and Current Medical or Basic Medical
I understand that the Board of Directors and the mem my acceptance in the Club. If I am accepted, I agree to outlined in the Club's constitution, by-laws, membersh Directors. I also agree that that flying is risky and I as operation of the aircraft and its passengers. In signing risk of bodily injury, death or property damage. Further Flying Club Inc. including Board of Directors, officers, or operated by or on on-behalf of Thoroughbred Flying	o adhere to the procedures and regulations as hip rules and decisions set forth by the Board of the Pilot in Command am responsible for the safe of the member is assuming Full responsibility for any er, in signing I agree to hold harmless Thoroughbred other members and any owner or owners of leased
Applicant Signature:	Date:
APPROVAL By Board on:	