



## Thoroughbred Flying Club Membership Application

I am applying to join at this level of membership:

**Eagles**   
  **Basic**   
  **Basic Plus**   
  **Advanced**

### APPLICANT INFORMATION

NAME:			
ADDRESS:			
PHONE:	EMAIL:	AGE:	DOB:
EMERGENCY CONTACT NAME:			
PHONE:	EMAIL:		
ADDRESS: (IF DIFFERENT FROM ABOVE)			

### EMPLOYER INFORMATION

EMPLOYER:	
ADDRESS:	
PHONE:	OCCUPATION:

### PILOT INFORMATION

FLYING HOURS/TOTAL:	LAST 6 MONTHS:
TIME IN CLUB A/C TYPES:	
Citabria:	Tailwheel:
Cessna 172:	Tailwheel Endorsement:
Cessna 182:	
Cirrus SR22:	
CERTIFICATES AND RATINGS:	DATE ISSUED:
CERTIFICATE NUMBER:	MEDICAL CLASS:
LAST BFR DATE:	MEDICAL DATE:
HOW MANY HOURS DO YOU PLAN TO FLT NEXT YEAR?	
DATE OF LAST FLIGHT:	

Have you been (check all that apply):

In any aircraft accidents or incidents \_\_\_\_\_ Y \_\_\_\_\_ N  
Charged with violation of FAA regulations \_\_\_\_\_ Y \_\_\_\_\_ N

If Yes include Basic details:

In any motor vehicle accidents in past 3 years \_\_\_\_\_ Y \_\_\_\_\_ N  
Issued moving traffic citations in past 3 years \_\_\_\_\_ Y \_\_\_\_\_ N

If Yes include Basic details:

**Please include copies of Driver's license, Pilot Certificate and Current Medical or Basic Medical Certification with this application.**

I understand that the Board of Directors and the membership of the Thoroughbred Flying Club 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, by-laws, membership rules and decisions set forth by the Board of Directors. I also agree that that flying is risky and I as the Pilot in Command am responsible for the safe operation of the aircraft and its passengers. In signing the member is assuming Full responsibility for any risk of bodily injury, death or property damage. Further, in signing I agree to hold harmless Thoroughbred Flying Club Inc. including Board of Directors, officers, other members and any owner or owners of leased or operated by or on on-behalf of Thoroughbred Flying Club Inc.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVAL By Board on:** \_\_\_\_\_