

# Arapahoe Flight Club New Member Application



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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Type of training requested:

- Private Rating
- Instrument Rating

Additional Documents:

- Identification proof of citizenship (Passport/Birth Certificate)
- Current medical
- Payment form (\*if paying with credit card)
- Insurance form
- Current FAA ratings