Harrison Social Flites, Inc.
Membership Application

PERSONAL INFORMATION

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

EMAIL ADDRESS

PHONE NUMBER: CELL PHONE #:

DATE OF BIRTH:

EDUCATION: ☐ HIGH SCHOOL ☐ COLLEGE MILITARY EXPERIENCE:

DEGREES EARNED:

PILOT CERTIFICATE AND FLIGHT EXPERIENCE INFORMATION

FAA CERTIFICATE NUMBER:

DO YOU HAVE A CURRENT MEDICAL? ☐ YES ☐ NO MEDICAL EXPIRATION:

BFR EXPIRATION:

RATINGS

TYPE: DATE:

TYPE: DATE:

TYPE: DATE:

TYPE: DATE:

FLIGHT TIME

TOTAL: PAST 90 DAYS: PAST 12 MONTHS:

INSTRUMENT: SOLO: DUAL:

SINGLE ENGINE: MULTIENGINE: COMPLEX:

AIRCRAFT FLOWN

MAKE/MODEL		HOURS:	
MAKE/MODEL		HOURS:	
MAKE/MODEL		HOURS:	
MAKE/MODEL		HOURS:	
MAKE/MODEL		HOURS:	
MAKE/MODEL		HOURS:	

LEGAL INFORMATION

Have you been convicted of driving under the influence of alcohol or drugs in the past 7 years?
- ◯ YES
- ◯ NO

Have you ever been involved in an aircraft incident or accident?
- ◯ YES
- ◯ NO

Have you ever had your pilots license suspended?
- ◯ YES
- ◯ NO

Have you ever had an FAA violation?
- ◯ YES
- ◯ NO

Have you ever been arrested, indicted, convicted or summoned as a defendant in a civil or military court for violation of any law or ordinance, excluding minor traffic violations?
- ◯ YES
- ◯ NO

How did you hear about Harrison Social Flites?

I hereby certify that the above statements and answers are true and correct to the best of my knowledge.

It is agreed that this application is not binding on the applicant or Harrison Social Flites Inc.; but if voted to membership, I agree to abide by the constitution, By- laws, operating rules and regulations of Harrison Social Flites Inc. and the rules and requirements of the Federal Aviation Administration.

SIGNATURE:

DATE:

You can save the completed form and email it to Dan Meyer or you can print it and bring it to one of our meetings held on the first Wednesday of each month.