



MORNING VIEW AVIATION

MEMBERSHIP APPLICATION

JULY 8, 2025

MORNING VIEW AVIATION, LLC
CURRITUCK REGIONAL AIRPORT, NC

MORNING VIEW AVIATION, LLC, MEMBERSHIP APPLICATION (Currituck Regional Airport - KONX)				
APPLICANT INFORMATION				
FULL NAME:				
DATE OF BIRTH:				
STREET:			EMAIL:	
CITY:			STATE:	ZIP:
HOME PHONE:			CELL PHONE:	
CITIZENSHIP:				
MEMBERSHIP TYPE				
PROVISIONAL MEMBER <input type="checkbox"/>			flyMVA MEMBER <input type="checkbox"/>	
CERTIFICATES, RATINGS & ENDORSEMENTS (leave blank if student pilot)				
AIRMAN'S CERTIFICATE NUMBER:			DATE ISSUED:	
CERTIFICATES		RATINGS		ENDORSEMENTS
PRIVATE <input type="checkbox"/>		SEL <input type="checkbox"/>		COMPLEX <input type="checkbox"/>
COMMERCIAL. <input type="checkbox"/>		MEL <input type="checkbox"/>		TAILWHEEL <input type="checkbox"/>
CFI <input type="checkbox"/>		INSTRUMENT <input type="checkbox"/>		HIGH PERF <input type="checkbox"/>
CFI-I <input type="checkbox"/>		SES <input type="checkbox"/>		
ATP <input type="checkbox"/>		MES <input type="checkbox"/>		
		OTHER <input type="checkbox"/>		
FLIGHT EXPERIENCE				
	TOTAL TIME	LAST 90-DAYS	LAST 12-Months	
ALL AIRCRAFT				
SINGLE ENGINE LAND				
CESSNA 172				
CESSNA 182				
CURRENCY DETAILS				
DATE OF LAST FLIGHT REVIEW:			DATE OF LAST MEDICAL:	
CLASS OF MEDICAL OR BASICMED:				

RESTRICTIONS (E.G. LENSES, NO NIGHT FLIGHT, etc.):

STATEMENTS OF VIOLATIONS & ACCIDENTS

HAVE YOU EVER HAD A VIOLATION OR ACTION
AGAINST YOUR PILOT CERTIFICATE?

YES

☐

NO

☐

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT OR
INCIDENT INVOLVING AIRCRAFT, REPORTED OR NOT?

YES

☐

NO

☐

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED
OR REVOKED?

YES

☐

NO

☐

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR
ARE YOU UNDER INVESTIGATION FOR ANY CRIME?

YES

☐

NO

☐

HAVE YOU EVER BEEN CONVICTED OF ANY DRUG
RELATED ACTIVITIES, INCLUDING DUI?

YES

☐

NO

☐

HAVE YOU HAD ANY ROAD ACCIDENTS IN THE PAST 5-
YEARS?

YES

☐

NO

☐

HAVE YOU EVER BEEN DENIED INSURANCE OF ANY
KIND?

YES

☐

NO

☐

HAVE YOU EVER FILED AN AVIATION INSURANCE
CLAIM?

YES

☐

NO

☐

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPAIN IN DETAIL HERE OR ON A
SEPARATE PAGE, AND ATTACH TO THIS APPLICATION.

ACKNOWLEDGMENT	INITIALS
I HAVE READ AND UNDERSTAND THE BYLAWS AND OPERATING RULES. I AGREE TO ABIDE BY ALL RULES, REGULATIONS AND PROCEDURES OF THE CLUB, THE FAA AND ALL OTHER AGENCIES. I AGREE TO SIGN AND ABIDE BY THE WAIVER AND RELEASE AGREEMENT.	
I AGREE THAT I WILL NOT USE CLUB AIRCRAFT FOR ANY COMMERCIAL, BUSINESS, OR ILLEGAL ACTIVITIES.	
I AGREE TO PAY ALL ASSESSED DUES AND FEES AS REQUIRED BY THE CLUB BYLAWS AND OTHER RULES AND REGULATIONS AND UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN LOSS OF CLUB PRIVILEGES AND POTENTIAL TERMINATION OF MEMBERSHIP.	
I UNDERSTAND THAT I MAY TERMINATE MY MEMBERSHIP OF THE CLUB BY GIVING THIRTY DAYS NOTICE TO THE SECRETARY.	
I UNDERSTAND THAT IF I AM FOUND LIABLE FOR DAMAGES TO CLUB AIRCRAFT OR EQUIPMENT DUE TO NEGLIGENCE, I WILL BE HELD RESPONSIBLE FOR THE INSURANCE DEDUCTIBLE AND OTHER COSTS ASSOCIATED WITH THE CLAIM RESULTING FROM THAT DAMAGE.	
SIGNATURE OF ACKNOWLEDGEMENT AND ACCEPTANCE:	DATE:

APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE PARENT OR GUARDIAN APPROVAL		
NAME:		RELATIONSHIP:
SIGNATURE:		DATE:
PREVIOUS FLYING CLUB EXPERIENCE		
HAVE YOU EVER BEEN A MEMBER OF A FLYING CLUB? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, PROVIDE CLUB NAME AND CONTACT INFORMATION:		
EMERGENCY CONTACT		
PLEASE PROVIDE DETAILS OF A CONTACT WE MAY USE IN CASES OF EMERGENCY:		
NAME:	RELATIONSHIP:	PHONE NUMBER:
BOARD OF DIRECTORS DECISION		
APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		COMMENTS:
PRESIDENT:		DATE: