

# Inn Flying Club - Membership Application

P. O. Box 683, Gaithersburg, MD 20884

## APPLICANT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## EMPLOYER INFORMATION

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PILOT INFORMATION

FLYING HOURS/TOTAL: \_\_\_\_\_ LAST 6 MONTHS: \_\_\_\_\_

TIME IN CLUB A/C TYPES: \_\_\_\_\_

CERTIFICATES HELD: \_\_\_\_\_ MEDICAL: \_\_\_\_\_

MEDICAL DUE: \_\_\_\_\_ BFR DUE: \_\_\_\_\_

HOW MANY HOURS DO YOU PLAN TO FLY IN THE 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

In any motor vehicle accidents in past 3 years \_\_\_\_\_ Y \_\_\_\_\_ N

Issued moving traffic citations in past 3 years \_\_\_\_\_ Y \_\_\_\_\_ N

**Please include copies of driver's license, and current medical and pilot certificates with this application.**

I understand that the Board of Directors and the membership of the Inn 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 by-laws and operating rules and decisions set forth by the Board of Directors.

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

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

## APPROVALS

DATE APPLICATION RECEIVED: \_\_\_\_\_

BOARD APPROVAL: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_