

DUSTY WINGS FLYING CLUB



FLYING CLUB APPLICATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____ SSN: _____ DOB: _____

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 Dusty Wings 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.

Applicant Signature _____ Date: _____

APPROVAL

BOARD MEMBERS INITIALS: _____ BOARD MEMBERS INITIALS: _____

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APPLICATION RECEIVED: _____ DATE APPROVED: _____