

Bishop / East Sierra Flying Club

ASSOCIATE MEMBERSHIP Application

INTRODUCTION

This document is for the purpose of requesting consideration for your acceptance as an Associate Member of the Bishop / East Sierra Flying Club, a wholly owned subsidiary of PN4 Aviation Holdings, LLC. Completing the application does not guarantee your membership, no membership and no member privileges are available to you until the application is accepted, a fully executed Associate Membership Agreement is in place and you have paid you appropriate dues.

APPLICANT INFORMATION

NAME:			
ADDRESS:			
PHONE:	EMAIL:	SSN:	DOB:
EMERGENCY CONTACT NAME:			
PHONE:	EMAIL:		
ADDRESS:			

EMPLOYER INFORMATION

EMPLOYER:	
ADDRESS:	
PHONE:	OCCUPATION:

PILOT INFORMATION

FLYING HOURS/TOTAL:	LAST 6 MONTHS:
TIME IN CLUB A/C TYPES: (<i>Piper PA28 series</i>)	
CERTIFICATES HELD:	MEDICAL CLASS:
MEDICAL DUE:	BFR DUE:
HOW MANY HOURS DO YOU PLAN TO FLY 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, current medical and pilot certificate with this application.

I understand that the Flying Club Manager of the Bishop / East Sierra Flying Club will 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 Associated Membership Agreement and decisions set forth by the Flying Club Manager.

Applicant Signature: _____ Date: _____

APPROVAL

_____ Date: _____

Flying Club Manager
Bishop / East Sierra Flying Club