



## APPLICATION FOR MEMBERSHIP

### 1: APPLICANT INFORMATION:

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

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

PHONE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ EMAIL: \_\_\_\_\_

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

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

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

### 2: PILOT INFORMATION:

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

TIME IN PA 28: \_\_\_\_\_ TOTAL TIME IN PA 32: \_\_\_\_\_

CERTIFICATE(S) HELD: \_\_\_\_\_ RATINGS: \_\_\_\_\_

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

DUE: \_\_\_\_\_ DATE OF LAST FLIGHT: \_\_\_\_\_

HOW MANY HOURS DO YOU PLAN TO FLY IN THE NEXT 12 MONTHS? \_\_\_\_\_

WHAT ARE YOUR GOALS FOR JOINING THE CLUB ?

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HAVE YOU BEEN (CHECK ALL THAT APPLY):

In any aircraft accidents or incidents? Y\_\_\_N\_\_

Charged with any violation of FAA regulations? Y\_\_\_N\_\_

In any motor vehicle accidents in the past 3 years? Y\_\_\_N\_\_

Issue moving traffic citations in the past 3 years? Y\_\_\_N\_\_

**PLEASE INCLUDE COPIES OF THE FOLLOWING WITH YOUR APPLICATION (incomplete applications will not be processed):**

- Pilot's Certificate (front and back)
- Proof of Citizenship (Passport or birth certificate)
- Driver's License
- Current Medical Certificate
- Copy of logbook entry for the most recent flight review

I UNDERSTAND THAT THE BOARD OF DIRECTORS AND THE MEMBERSHIP OF THE POMPANO BEACH FLYING CLUB DETERMINE MY ACCEPTANCE IN THE CLUB.

IF MY APPLICATION IS ACCEPTED, I UNDERSTAND THAT I MUST COORDINATE MY NEW MEMBER CHECK-OUT FLIGHT WITHIN 14 DAYS.

I ACKNOWLEDGE THAT I MUST ATTEND A MONTHLY MEMBERSHIP MEETING BEFORE MY APPLICATION CAN BE APPROVED.

I AGREE TO ADHERE TO THE PROCEDURES AND REGULATIONS AS OUTLINED IN THE CLUB'S CONSTITUTION, BYLAWS, OPERATING RULES, AND DECISIONS SET FORTH BY THE BOARD OF DIRECTORS.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (PRINT) \_\_\_\_\_

**3: APPROVAL**

BOARD MEMBER INITIALS: \_\_\_\_\_ BOARD MEMBER INITIALS: \_\_\_\_\_

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