



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 INTERESTS YOU IN JOINING THE FLYING CLUB? BEYOND FLYING OUR AIRCRAFT, HOW DO YOU SEE YOURSELF PARTICIPATING IN AND ACTIVELY CONTRIBUTING TO OUR CLUB COMMUNITY?

HAVE YOU BEEN (CHECK ALL THAT APPLY AND EXPLAIN ANY "YES" ANSWERS ON A SEPARATE PAGE)

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.

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

I HAVE READ AND AGREE TO ABIDE BY THE PROCEDURES AND REGULATIONS OUTLINED IN THE CLUB'S CONSTITUTION, BYLAWS, AND OPERATING RULES.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ACTIVELY PARTICIPATE IN THE CLUB, ATTEND MEETINGS, AND TO COMPLY WITH THE 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: _____