



Flying Gators, Inc.

Flying Club Membership Application

Application Date: ___/___/___

Referred by: _____

Name: _____

Membership Type: Individual ___ / Family ___
(Attach an additional sheet for each family member)

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

City: _____ State: ___ Zip: _____ Email address: _____

The following is required for our insurance coverage:

Citizenship: _____ If not USA, do you have current TSA clearance? _____

Date of Birth: ___/___/___ Occupation: _____

Pilot Certificate Type: _____ Other Ratings: Instrument CFI CFII A&P IA

Pilot Certificate Number: _____

Drivers License Number: _____ State of: _____

Date Last Medical: ___/___/___ Medical Class: _____ Date Last BFR: ___/___/___

Hours: Complex Aircraft: _____ Glider: _____ Multi-engine: _____

Total PIC Hours: _____ Last 90 Days: _____

In Type: C-150 _____ C-152 _____ PA-28 _____

Has applicant (or any family member if a family application) ever been arrested for DWI, DUI, C&I, or any other drug related offenses? No ___ / Yes ___ If yes, please explain on reverse side of application.

Has applicant had an aircraft accident or any violations of the FAR's? No ___ / Yes ___ If yes, please explain on reverse side of application.

The undersigned hereby certifies that all of the above is true and accurate to the best of my knowledge and that upon acceptance of this application, I will abide by all by-laws and operating rules of the Flying Gators, Inc. I hereby authorize credit information for the undersigned to be released to the Flying Gators Inc.

Signature of Applicant Please attach copies of your medical and pilot certificate(s).

Approved ___ / Rejected ___ by Board of Directors on this ___ day of _____, 20___.

(Officer)

Date of Membership: _____

Membership #: _____