

WINDY CITY FLYERS

MEMBERSHIP APPLICATION

Name _____ Date of Birth _____

Address _____ Home Phone (____) _____

City, State & Zip _____ Work Phone (____) _____

Social Security #: _____ Pager (____) _____

Drivers License #: _____ Mobile (____) _____

E-mail: _____ Other Phone (____) _____

Aviation Insurance Carrier: _____

Policy # _____ Exp. Date _____

LICENSE: G Student

G Private

G Commercial

G ATP

RATING: G Instrument

G Multi-Engine

G CFI

G CFII

G MEI

G

FLIGHT TIME:

Total Hours _____

Pilot-in-Command _____

Cross Country _____

Complex _____

High Performance _____

Retractable gear _____

Instrument _____

Multi-engine _____

Night _____

Certificate #: _____

Class of Medical: _____

Date of last Medical: _____

Date of Last BFR: _____

Other _____

Employer _____ Occupation _____

Personal References: Name _____ Phone (____) _____
Name _____ Phone (____) _____

Are you currently a member of another flying club? G Yes G No Club name: _____

Has your pilots license or drivers license ever been suspended or revoked? G Yes G No

Have you ever had an accident or incident while acting as Pilot-in-Command? G Yes G No

Have you ever had any FAA violations? G Yes G No

If you answered YES to any of the above, please explain: _____

I, do hereby certify that the above information is true and correct and that I, the undersigned, have read and understand the Rules and Policies of Windy City Flyers, Inc. and do hereby agree to abide with the Rules and Policies.

I understand the limitation of the insurance carried by Windy City Flyers, Inc. and my responsibilities toward safe operation of its aircraft.

Signature of Applicant _____ Date _____