

# WESTERN FLYING CLUB

## Application for Membership

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long at current address: \_\_\_\_\_

Phone No (cell): \_\_\_\_\_ Phone No (work): \_\_\_\_\_

Phone No (home): \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Flying Experience:  
Ratings and Certificates:**

Student: \_\_\_\_\_ Private: \_\_\_\_\_ Commercial: \_\_\_\_\_ Instrument: \_\_\_\_\_ Other: \_\_\_\_\_

Date of last BFR: \_\_\_\_\_ Class of Medical: \_\_\_\_\_ Medical Expires: \_\_\_\_\_

**Type of Aircraft Flown and Hours in Each:**

Type	Hours Logged	Date last flown

Location of flying experience for the past two years: \_\_\_\_\_

Name of Instructor (if you are a student): \_\_\_\_\_ Phone: \_\_\_\_\_

Have you had any automobile traffic violations in the past two years? YES /\_NO

Have you ever convicted of a DUI? YES /\_NO

Have you ever been involved in an airplance accident or incident? YES /\_NO

If yes, provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you desire to join the Western Flying Club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that false statements on this application shall be considered sufficient cause for dismissal. I have read and agree to abide by the By-Laws and operating rules of the Western Flying Club.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_