

PARLOR CITY FLYING CLUB, INC. (AKA-BLOOMSBURG FLYING CLUB) - MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
E-mail:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

REFERENCE FOR FINANCIAL RESPONSIBILITY

Name:	
Address:	Phone:

PILOT INFORMATION (APPLICANTS WITH FLIGHT EXPERIENCE)

License / Certificate Number:		
Airman's Ratings:	Medical: (class)	(date)
Date of Last Biennial Flight Review:		
Total Hours:	PIC Hours:	Hours last 6 mos.:
Any Aircraft Accidents / Incidents?		
Has your certificate ever been revoked or reviewed by the FAA?		
Have you ever had an alcohol or drug related Motor Vehicle violation?		

RECOMMENDED BY

Club Member(s):

SIGNATURES

I have read, understand, and agree to comply with the rules, regulations, constitution, and by-laws of the Parlor City Flying Club, Inc.

Signature of applicant:	Date:
Signature of Club Officer:	Meeting Date: