**Skiatook Flying Club LLC**

**Membership Application**

APPLICANT INFORMATION

|  |  |  |
| --- | --- | --- |
| Name: | | DOB: |
| Address: | | |
| Phone: | Email: | |
| Emergency contact name: | | |
| Phone: | Email: | |
| Address: | | |

EMPLOYER INFORMATION

|  |  |
| --- | --- |
| Employer: | |
| Address: | |
| Phone: | Occupation: |

PILOT INFORMATION

|  |  |
| --- | --- |
| Flying hours/total: | Last 6 months: |
| Time in club A/C types: | |
| Certificates held: | Medical: \_\_\_\_none \_\_\_\_BasicMed \_\_\_\_III \_\_\_\_II \_\_\_\_I |
| Medical due: | Flight review due: |
| How many hours do you plan to fly next year? | |
| Date of last flight: | |
| Are you a student pilot? \_\_\_\_Y \_\_\_\_N | |

Have you been (check all that apply):

In any aircraft accidents or incidents \_\_\_\_Y \_\_\_\_N

Charged with violation of FAA regulations \_\_\_\_Y \_\_\_\_N

In any motor vehicle accidents in past 3 years \_\_\_\_Y \_\_\_\_N

Issued moving traffic citations in past 3 years \_\_\_\_Y \_\_\_\_N

Please include copies of Driver’s license, current medical, and pilot certificate with this application.

Student pilots must also include a copy of their passport or birth certificate.

All applicants must include a deposit in the amount of $250. This deposit will be refunded if membership application is rejected for any reason.

Personal information will be shared only for insurance purposes and as legally required.

I understand that the board of Directors and the membership of the Skiatook Flying Club LLC determine my acceptance in the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club’s by-laws, membership rules, operating procedures and decisions set forth by the Board of Directors.

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

APPROVAL

|  |  |
| --- | --- |
| BOARD MEMBER INITIALS: | BOARD MEMBER INITIALS: |
| BOARD MEMBER INITIALS: | BOARD MEMBER INITIALS: |
| APPLICATION RECEIVED: | DATE APPROVED: |