

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: <u> </u> none <u> </u> BasicMed <u> </u> III <u> </u> II <u> </u> 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? <u> </u> Y <u> </u> 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: