

CONGRESSIONAL FLYING CLUB, INC.
Membership Application/Renewal
(Please fill out completely)

DATE: _____

NAME: _____ BIRTH DATE: _____
Last First M.I.

ADDRESS: _____
_____ Zip: _____

WORK PHONE: _____ HOME PHONE: _____

CELL NUMBER: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____

SQUADRON MEMBER: Y N IF YES, GIVE CAP EXPIRATION DATE FROM MEMBERSHIP CARD (MM/YY): _____

OCCUPATION: _____

MEDICAL: CLASS (I, II, or III) _____ DATE OF LAST MEDICAL: _____

FAA PILOT CERTIFICATE NUMBER: _____

Check one ⇨ CLASS: Student Private Commercial ATP

Check all that apply ⇨ RATINGS: ASEL AMEL Instrument CFI-ASE CFI-AME
 CFI-Instruments CFI expiration date: _____

DATE OF LAST FLIGHT REVIEW, OR LAST RATING (if less than two years ago): _____

FLIGHT EXPERIENCE: FAA Flight Proficiency Wings (Enter highest phase completed): _____

TOTAL TIME: _____ HOURS TOTAL TIME, LAST 90 DAYS: _____ HOURS

TOTAL RETRACTABLE GEAR HOURS: _____ HOURS TOTAL CONSTANT SPEED PROP HOURS: _____ HOURS

TOTAL TIME IN: C-172: _____ HOURS C-177: _____ HOURS C-182: _____ HOURS

Answers to the following questions are required by our aircraft insurance company (Explain any YES answers on back)
WITHIN THE PAST THREE (3) YEARS HAVE YOU:

- A. HAD AN AIRCRAFT ACCIDENT, INCIDENT, OR UNREPORTED CLAIM? Y N
- B. HAD YOUR PILOT'S OR DRIVER'S LICENSE SURRENDERED, SUSPENDED OR REVOKED; OR, BEEN ARRESTED FOR OR CHARGED WITH OPERATING AN AIRCRAFT OR MOTOR VEHICLE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? Y N
- C. BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR OTHER THAN PARKING VIOLATIONS? Y N

Certification: I certify that all entries above are true. A copy of the club's rules and regulations has been made available to me, I have read, and I understand them. In consideration of the benefits of club membership, I agree to follow and be bound by all of the club's rules and regulations, as they may be amended from time to time, and I will indemnify the club against any loss or damage resulting from my failure to do so.

Sign above to acknowledge your agreement

Describe any experience, training, or expertise that you are willing to contribute to the Club and/or Squadron on the back of this form
Do not make any entries below this line.

STEPS FOR APPROVAL:

- 1. Board of Directors Approval: _____ Date: _____
(Return to any board member)
- 2. All Club Fees Paid: _____ Date: _____
(Discuss with treasurer)
- 3. Flight Operations Officer: _____ Date: _____
(Have orientation with flight operations officer)
- 4. President Signature: _____ Date: _____
(Final approval for membership)
- 5. New Member Orientation Completed: _____ Date: _____