

Flywell Flying Club, Inc.

Application for Membership

Please return to the Vice President of Flywell Flying Club the completed application along with copies of the following four items: Airman's Certificate; Medical Certificate; Recent Logbook Pages, including last biennial endorsement; and Completed Member Insurance Form.

| Personal Information |
|--|
| Name: _____ |
| Street Address: _____ |
| City: _____ State: _____ Zip: _____ |
| E-Mail Address: _____ |
| Employer: _____ |
| Occupation: _____ |
| Age: _____ Height: _____ Weight: _____ Hair Color: _____ |
| Phone Home #:() _____ Bus.#:() _____ |
| If Married, Spouse's Name: _____ |
| How did you hear about Flywell Flying Club? _____ |

| Airman's Certificate and Medical Information | |
|---|---|
| Airman's Certificate #: _____ Class: _____ Date Issued: _____ | |
| Ratings & Limitations: _____ | |
| Total Hours: _____ Date of Last Biennial: _____ | |
| Medical Class: _____ Date of Last Medical: _____ | |
| Answer the following questions: | YES NO |
| 1. Have you ever had your certificate restricted?..... | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Have you ever had your certificate suspended?..... | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Have you ever received a warning or reprimand from the FAA?..... | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Have you ever been involved in an aircraft accident as a crewmember?..... | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Have you received any moving traffic violations in the last 5 years?..... | <input type="checkbox"/> <input type="checkbox"/> |
| <i>If "YES" to any of the above, please provide dates and explanation on reverse side.</i> | |

| | | |
|---|----------------|------|
| The information I have supplied herein is true and correct and no material information has been withheld. | | |
| Print Your Name | Your Signature | Date |

Dates and Explanation
(Items 1 through 5 from previous page)

| Approval Signatures | | |
|-----------------------|-------------|-------------|
| President: _____ | Date: _____ | Time: _____ |
| Vice President: _____ | Date: _____ | Time: _____ |
| Treasurer: _____ | Date: _____ | Time: _____ |
| Director: _____ | Date: _____ | Time: _____ |
| Director: _____ | Date: _____ | Time: _____ |