

Silver City Flying Club Inc. Application for Membership

Applicants Name: _____
Address: _____ Home Phone: _____
City: _____ Cell Phone: _____
State: _____ Zip: _____ Work Phone: _____
Do you own or rent the above address? Own ___ Rent ___ Other ___
Date of Birth: _____ E-Mail Address: _____
Occupation: _____ Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
(If Self employed, please list business address name & address)

Number of years with the above employer or in business: _____
FAA License Number: _____
BFR Conducted by: _____ Date of last BFR: _____
FAA Medical Conducted By: _____ Date of last FAA Medical: _____ Class: I II III
List Ratings held: _____ Total Hours to Date: _____
Total Hours in type: C-152 _____ C-172 _____ Piper Warrior _____ Piper Archer _____
Hours in other types: _____
Are you 90 day current? Yes ___ No ___ Date last flown: _____ Night Current? Yes ___ No ___
Date last flown at Night: _____ Total Hours at night: _____
Night hours in type: _____
Present or previous Aircraft Club affiliation: _____
If previous, state reason for leaving: _____
Please give contact information: _____
Other Club Affiliations? _____
Please give contact information: _____

Are you a US Citizen? Yes No If no please explain: _____
How did you hear of the Silver City Flying Club? _____
What is your reason(s) for wanting to join the Silver City Flying Club? _____

- Please answer the following questions, if you answer "yes" to any question please explain:
1. Do you have any physical limitations, waivers and/or conditions on your medical certificate or pilot certificate? Yes _____ No _____
 2. Have you ever been cited for any violation of FAA Regulations? Yes _____ No _____
 3. Have you ever been involved in an aircraft accident, incident or unreported claim? Yes _____ No _____
 4. Within the last 12 months have you had your pilot or drivers license surrendered, suspended or revoked; or have you been arrested for or charged with operating an aircraft or motor vehicle while under the influence of drugs or alcohol?
Yes _____ No _____
 5. Have you ever been treated for substance abuse? Yes _____ No _____
 6. Have you ever been convicted of, plead guilty to, or no contest to any felony? Yes _____ No _____

Upon signing this application I declare that the aforementioned information provided is true and correct.
Applicants Signature _____ Date _____
(Hand or electronic signature acceptable)

The Silver City Flying Club reserves the right to accept or reject this application based upon recommendations by the membership.

For Club use: Purchase share of _____
Rev: 3/23/16