

New Braunfels Flying Club Inc.

Membership Application

APPLICANT INFORMATION

NAME:			
ADDRESS:			
PHONE:	EMAIL:	SSN:	DOB:
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 CLASS:
MEDICAL DUE:	BFR DUE:
HOW MANY HOURS DO YOU PLAN TO FLY NEXT YEAR?	
DATE OF LAST FLIGHT:	

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.

I understand that the Board of Directors and the membership of the New Braunfels Flying Club 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 constitution, by-laws, membership rules 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: