

SOLAR FLYING CLUB, INC
PILOT MEMBERSHIP APPLICATION

Solar Flying Club's mission is to stimulate and encourage interest in the study of aviation through a cooperative, safe and economical environment for all active members. The information derived by this application will be used to determine your eligibility and will become a permanent part of your membership file.

APPLICANT INFORMATION			
NAME:		DATE OF BIRTH:	
HOME ADDRESS:			
PHONE:		Home/Work/Cell (Circle one)	EMAIL: @
DRIVER LICENSE NUMBER:		STATE ISSUED DL:	
EMERGENCY CONTACT NAME:			
PHONE:		EMAIL:	@
ADDRESS:			
EMPLOYER INFORMATION			
EMPLOYER:			
ADDRESS:			
PHONE:		OCCUPATION:	
HOW LONG EMPLOYED?			
PILOT INFORMATION - EXPERIENCE			
TOTAL FLYING TIME ALL AIRCRAFT:			
DATE OF LAST FLIGHT AS PIC:			
TOTAL TIME IN C172:			
TOTAL TIME LAST 6 MONTHS IN C172:			
HOW MANY HOURS DO YOU PLAN TO ANNUALLY FLY?			
CERTIFICATES HELD:			
RATINGS:			
MEDICAL CLASS:		MEDICAL DUE:	BFR DUE:
FAA CERTIFICATE NO.:		DATE ISSUED:	

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Have you (check all that apply):

been in any aircraft violations or incidents:	_____Y	_____N
been charged with violation of FAA regulations:	_____Y	_____N
been in any motor vehicle accidents in past 3 years:	_____Y	_____N
been issued moving traffic citations in past 3 years:	_____Y	_____N
pleaded guilty to a felony:	_____Y	_____N
been arrested for OWI/DUI in the last 5 years?	_____Y	_____N
been declined any insurance for any reason:	_____Y	_____N

Do you have any physical limitations:	_____Y	_____N
Do you have any medical waivers, limitations, conditions:	_____Y	_____N

Any question answered positively, please explain here:

Please include copies of driver license, current medical/pilot certificate and check for initial deposit and 1st month membership fee and return to:

Solar Flying Club
 10604 NW 74th PI
 Johnston IA 50131

If, for any reason, applicant does not join Solar Flying Club, initial deposit and membership fee will be returned.

I warrant all information provided above is true and complete and no relevant information has been withheld. I also understand any fraudulent or omitted entries will be cause for immediate expulsion from the Club with all rights and fees forfeited. I understand the Solar Club Flying Club Membership Committee determines my acceptance in the Club. If accepted, I agree to adhere to the procedures, regulations, bylaws, membership rules and decisions set forth by the Board of Directors. I also agree and authorize Solar Flying Club to conduct a background check regarding my eligibility INCLUDING motor vehicle record and/or FAA Airmen Certificate information.

Applicant Signature: _____ Date: _____

SFC ONLY		
APPLICATION RECEIVED:	MVR:	ACI:
SEC/TREASURER INITIALS:	CHECK #:	AMOUNT: \$