

PILOT MEMBERSHIP APPLICATION

NAME:		BIRTHDATE:	
ADDRESS	CITY:	ST:	ZIP:
HOME PH:	WORK PH:	MOBIL PH:	
HOME FAX:	WORK FAX:	PAGER:	

	CERTIFICATE NUMBER	INST RATED	CATEGORY	ISSUE DATE
PRIVATE		YES - NO	SEL - MEL	
COMMERCIAL		YES - NO	SEL - MEL	
ATP		YES	SEL - MEL	
CFI		YES - NO	SEL - MEL	

TYPE RATINGS	ISSUE DATE

MEDICAL CLASS:	MEDICAL DATE:	BIENNIAL DATE:	INST COMP CHECK DATE:
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Please ATTACH PHOTOCOPIES of Certificate, Medical, Flight Review, and Inst. Competency Check
 APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ATTACHEMENTS

FLIGHT EXPERIENCE:	SINGLE	MULTI	TOTAL	QUALIFIED WINGS
TOTAL TIME:	<input type="text"/>	<input type="text"/>	<input type="text"/>	PIC <input type="checkbox"/>
PIC TIME:	<input type="text"/>	<input type="text"/>	<input type="text"/>	SIC <input type="checkbox"/>
INSTRUMENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NIGHT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X COUNTRY:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

I am qualified and current in the following aircraft:

CAT-CLASS-TYPE:	HOUR IN TYPE:	DATE LAST FLOWN
CAT-CLASS-TYPE:	HOUR IN TYPE:	DATE LAST FLOWN

I certify the above information is correct.

	DATE:
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(SIGNATURE)

Return completed form to:
