

## MEMBERSHIP APPLICATION

<b>Name:</b>		<b>Date of Birth:</b> /    /	
<b>Home Address:</b>			
<b>Street:</b>			<b>Apt #:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>	
<b>Business Address:</b>			
<b>Business Name:</b>			
<b>Street:</b>			<b>Apt #:</b>
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Bus. Phone:</b>	<b>Bus. Fax:</b>	<b>Pager:</b>	
<b>Pilot Information:</b>			
<b>Certificate:</b> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/>		<b>Certificate No:</b>	
<b>Class Medical:</b> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>		<b>Issuance Date:</b> /    /	<b>Limitations:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Pilot Endorsements:</b> High Performance <input type="checkbox"/> Tailwheel <input type="checkbox"/> High Altitude <input type="checkbox"/>		<b>Inst. Current:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Flight Time:</b>			
<b>Total:</b>	<b>X-C:</b>	<b>Dual Rec'd:</b>	<b>Dual Given:</b>
<b>PIC:</b>	<b>SIC:</b>	<b>SEL:</b>	<b>MEL:</b>
<b>Actual Instrument:</b>	<b>Hood:</b>	<b>Simulator:</b>	<b>Tailwheel:</b>
<b>High Performance:</b>	<b>Day:</b>	<b>Night:</b>	<b>Hrs. in last 90 days:</b>

### MEMBER AGREEMENT

**Upon acceptance as a member of the University of Michigan Flyers, Inc., I agree to abide by the following contractual terms and conditions:**

I affirm that the statements made in this document are true to the best of my knowledge and that no information has been withheld that would adversely affect my application. **I further state that, if accepted as a member of the University of Michigan Flyers Incorporated, I will 1) abide by and accept limitations and liabilities as stated in the Club Bylaws and Operating Rules, as amended; and 2) pay all fees and fines lawfully assessed by the Club.** I understand that some Club Operating Rules are significantly more restrictive than current FAR's. I understand that completion of this application does not guarantee acceptance as a member.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Parent or Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Please answer the following questions.**

	Yes	No
As a pilot have you ever been involved in an aircraft incident, accident or FAR violation?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license ever been suspended, revoked or received an administrative action?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted for operating a motor vehicle while under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an automobile accident within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested or convicted for a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate when you can fly below.**


**MEDICAL NOTIFICATION**

Certain medical conditions (i.e. heart conditions, diabetes, serious vision or neurological problems) can prevent you from acquiring the medical certification required for flight training and pilot certification. It is recommended that you take the FAA medical exam at the beginning of your flight training to discover if you have any medically disqualifying conditions. If you have any questions a club flight instructor can direct you to an Aviation Medical Examiner.

**For Office Use Only:**

All staff and flight instructors must fill out this portion of the form completely for successful processing. Present the documents listed below to the applicant and have him/her acknowledge receipt of each by initializing beside the "check box". Please notify the Administration Manager if any of the documents are unavailable.

**DOCUMENT CHECKLIST**

Member Initials \_\_\_\_\_

Operating Rules.....  \_\_\_\_\_

Policy & Proc. Manual .....  \_\_\_\_\_

Bylaws.....  \_\_\_\_\_

Date Submitted \_\_\_\_\_

Staff/CFI Name \_\_\_\_\_

Date Processed \_\_\_\_\_

Admin. Staff Name \_\_\_\_\_

**FEES**

Initiation Fee \_\_\_\_\_

Security Deposit \_\_\_\_\_

Dues \_\_\_\_\_

Student Kit\* \_\_\_\_\_

Aircraft POH\* \_\_\_\_\_

Other: \_\_\_\_\_

\*Sales Tax \_\_\_\_\_

**TOTAL** \_\_\_\_\_