## SUNDANCE FLYING CLUB

## APPLICATION FOR FLYING MEMBERSHIP

Please Fill in ALL spaces. (PRINT or TYPE) Enter "N/A" in spaces not applicable

Name:		
(Last)	(First)	(Initial)
Address: (street)		
(street)	If less than three years, ple	(city and zip)
Pievious Address		
Employer:		
Address:		
Phone Numbers: Home:	Work:	Cell:
E-mail address:		
Drivers License #	Coun	try of Citizenship
In case of emergency, please contact	(Name and relationshin)	Phone:
_		
Membership Type: ☐ Full	☐ Family ☐ Associate	☐ Temporary ☐ Non-flying
Pilot Certificate Held:   Student	☐ Recreational ☐ Sport	☐ Private ☐ Commercial ☐ ATP
Pilot Certificate No	Date Issued:	_
Ratings on Pilot Certificate: ☐ ASEL ☐ AMEL ☐ Instrument ☐ Other:		
Flight Hours - Total	Total Multi-Engine	
Retractable	Last 90 days _	
Medical Class:	Date:	
Date of last Flight Review per 14CFR 61.56(Paragraph c, d, e or f)		
Any violations, waivers or accidents	☐ Yes Date(Ple	ease indicate details on reverse side)
Applicant has read and agrees to be bound by the Club bylaws, operating procedures and all regulations set forth by the Club. Club dues will be automatically billed quarterly to your credit card. Applicant agrees to pay a non refundable initiation fee upon signing this document.		
Initiation Fee:		\$
Monthly Membership Fee: \$	x Months this quarter:	\$
Billed to Credit Card		\$
□ VISA □ MasterCard Number	er	Expiration date:
APPLICANTS SIGNATURE		DATE
For Office Use Only		
SCHEDULING: Added	Instructions emailed	Credit Card List
QUICKBOOKS: Customer list	Memorized Monthly transaction	E-Mail
		Revised 2/07