

Acampo Flying Club Application

Name: Last: _____ First: _____ Middle: _____		
Address: _____		
City, State, Zip: _____		
Home Phone: _____	Work Phone: _____	Cell: _____
E-Mail 1: _____	E-Mail 2: _____	
Employer: _____	Occupation: _____	
Employer's Address: _____		
Emergency Contact, Name: _____		Phone: _____
Date of Last FAA Physical Exam: _____	Class: _____	Doctor: _____
Accident History?: Yes: _____ No: _____ (if yes, explain on back of this application)		
Ever had disciplinary action from the FAA? Yes: _____ No: _____ (if yes, explain on back of this application)		
Date of Birth: _____		CDL: _____
Are you a United States Citizen?: Yes: _____ No: _____ If not, Nationality? _____ years in U.S.?: _____		

Experience: (please indicate your flight times)

Total Time-Single Engine: _____	Total Time-Retract: _____	Total Time-Cessna: _____	Total Time-Beechcraft: _____
Total Time-Cherokee: _____	Total Time-Multi-Engine: _____	Total Time-Instrument: _____	Total Time ALL: _____
Date of Last BFR?: _____		Expected flying hours per month?: _____	

Certificate's: (please indicate current pilot certificates and ratings)

Certificate Number: _____
Student: _____ Private: _____ Commercial: _____ Multi-Engine: _____ Instrument: _____ Sea: _____ Flight Instructor: _____ ATP: _____

Check this box to indicate acceptance.

NO CLUB MEMBERSHIP WITHOUT A VALID CREDIT CARD ON FILE!

I further agree to provide copies of my pilots's license, driver's license, medical certificate and relevant parts of my logbook showing currency, BFR's, check rides, etc.

Our Confidentiality Statement.....

The information will only be made available to the AFC Executive Committee, unless required to be made available by a court of law, the FAA or similar authority. The information I have provided is true and accurate to the best of my knowledge.

Please sign and date this application:

Signed: _____ Date: _____