

Skyhaven Flying Club, Inc.



Membership Application

Contact Information:

Phone Numbers:

Name: _____ (H) _____

Address: _____ (W) _____

_____ (C) _____

Mailing Address (If Different) _____

Employer Name & Address: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Pilot Certifications: Please check the certificates you hold and provide the following information.

FAA Certificate	Student	Private	Commercial	CFI/CFII	ATP
Certificate No.:					
Ratings: SEL	MEL	SES	IFR	Total Time:	Time Last 12 mo.:
FAA Medical Class:	1st	2nd	3rd	Last Physical:	Last Flight Review:

Please answer the following questions. Have you ever been?

YES NO

- | | | |
|--|--------------------------|--------------------------|
| A. A member of any other flying club? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Denied Membership in or dismissed from any flying club? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Refused an aeronautical certificate, or had a certificate suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Reported for violation of any FAA regulation or other flight regulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Involved in an aircraft incident/accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Convicted of use of hallucinogens or dangerous drugs including marijuana? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Convicted of alcohol related charges such as operating a motor vehicle under the influence? | <input type="checkbox"/> | <input type="checkbox"/> |

(If you answered yes please state on a separate sheet of paper all details, including date, location, nature, and disposition)

The following requirements must be completed prior to final approval of club membership<

- Copies of FAA Certificate, Driver License (both sides) and Valid Medical.
- Meeting with the Board of Directors.

CERTIFICATION

I certify that the above information is true and complete. I further certify that if granted membership in the Skyhaven Flying Club, I will read and comply with all regulations, policies, and Flight Rules of the Skyhaven Flying Club, and that I agree to be bound by the policies of same as same may be amended. I certify that I am financially able to pay any foreseeable financial obligations incurred as a member. I understand that violation of any regulation may be grounds for suspending or revocation my membership and may make me liable for any damage to persons or property as a result of such violation. Furthermore, I agree to settle my account before termination of my membership regardless of ground therefor. I also authorize Skyhaven Flying Club to conduct a credit check and a FAA aeronautical certificate review.

Applicant's Signature	Sponsor's Signature (any member may sponsor your application)
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FOR ADMINISTRATIVE USE ONLY

Date Received	Interview Date	Interview Board Members	Member Number	President Approval	Date
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Email completed application to: **Membership Director:** membership@skyhavenflyingclub.org