



# Application for Membership

## Wings Flying Club, Inc.

Bowman Field Louisville, KY

*(Please Print all Information)*

Name: \_\_\_\_\_  
(First) (M.) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have legal residence in the U.S.: **Citizen** \_\_\_ **Green Card** \_\_\_

If under 18 years of age, have you completed Parental Consent Form: **YES** \_\_\_ **NO** \_\_\_

### Aviation Background

Please provide photo-copies of the following documents:

**Drivers License**

**Pilot Certificate** *(if applicable)*

**Medical Certificate** *(if applicable)*

**Last page of your log book** *(if applicable)*

Date of your last BFR (Bi-annual Flight Review): \_\_\_\_\_

Last aircraft flown: \_\_\_\_\_ Hours flown in the past 12 months: \_\_\_\_\_ 6 months: \_\_\_\_\_

### Certificates & Ratings *(check all that apply)*

\_\_\_ Student \_\_\_ Private \_\_\_ Instrument \_\_\_ Commercial \_\_\_ CFI \_\_\_ CFII \_\_\_ ATP

\_\_\_ Single Engine \_\_\_ Multi Engine Other \_\_\_\_\_

### Insurance Questions

**YES** \_\_\_ **NO** \_\_\_ Have you ever been involved in an aircraft accident?

**YES** \_\_\_ **NO** \_\_\_ Have you ever had an FAR violation?

**YES** \_\_\_ **NO** \_\_\_ Have you ever been denied a medical?

**YES** \_\_\_ **NO** \_\_\_ Have you ever had your certificate revoked or suspended?

**YES** \_\_\_ **NO** \_\_\_ In the past 12 months, have you had your drivers license suspended?

\* If you answer **YES** to any of these questions, please provide a full written explanation.



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### Aviation History

List any or all Instructors, Flying Clubs, Schools, Aviation Employers below:

| <u>Name</u> | <u>Length of Time</u> | <u>Reason for Leaving</u> |
|-------------|-----------------------|---------------------------|
|             |                       |                           |
|             |                       |                           |
|             |                       |                           |
|             |                       |                           |
|             |                       |                           |
|             |                       |                           |

### Aviation References *(if you are a student pilot, list personal references)*

| <u>Name</u> | <u>Phone #</u> | <u>Years Known</u> |
|-------------|----------------|--------------------|
|             |                |                    |
|             |                |                    |
|             |                |                    |

I do attest that all information in this application is correct and complete to the best of my knowledge. I understand that by submitting this application does not grant me automatic acceptance as a member into Wings Flying Club, Inc., and my application is not complete until signed by a minimum of three (3) board members.

I do attest that I have read, understand, and agree to abide by all bylaws and the rules and regulations of Wings Flying Club, Inc. when my membership application is approved.

I understand the club fee structure and will submit payment upon receipt of my monthly statement (either paper or electronic). I further understand to terminate my membership, I must contact one of the board members and surrender all keys and gate passes.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Board Member: \_\_\_\_\_ **Date:** \_\_\_\_\_

Board Member: \_\_\_\_\_ **Date:** \_\_\_\_\_

Board Member: \_\_\_\_\_ **Date:** \_\_\_\_\_

### Notes

- Complete this application, and submit it along with the required photo-copies and initiation fee to one of the board members.
- A check ride with a club CFI is required prior to solo flight.
- \$50.00 of the initiation fee is non-refundable should you not be accepted into Wings Flying Club, Inc.