

FORT SMITH FLYING CLUB INC.

MEMBERSHIP APPLICATION

MEMBERSHIP CLASS REQUESTED: FULL _____ FAMILY _____ STUDENT _____ LIMITED _____

NAME _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ CELL/PAGER _____ HOME PHONE _____

OCCUPATION _____ DL NO. _____

EMPLOYER _____ HOW LONG? _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ (required for on-line scheduling)

PILOT HISTORY: LICENSE:

ATP _____ COMM _____ PVT _____ STUDENT _____ NONE _____

RATINGS:

INSTRUMENT _____ CFI _____ CFII _____ MEI _____ OTHER _____

FAA MEDICAL (MO/YR) _____ DATE LAST BFR _____

RETRACT _____ MULTI _____ JET _____ OTHER _____

TOTAL HOURS _____ HRS AS PIC _____ HRS LAST 12 MONTHS _____

Have you ever had an aircraft accident or incident, damaged an airplane; or been cited for a **violation of the Federal Air Regulations**, had your **pilot's license surrendered, suspended, or revoked**, been **convicted of, plead guilty or no contest to, any felony or misdemeanor** other than parking violations; or been **arrested for, or charged with, operating an aircraft or motor vehicle under the influence of drugs or alcohol**? _____ <<==All Applications Need to Answer this!!

IF "YES", PLEASE ATTACH AN EXPLANATION.

PLEASE LIST TWO PERSONAL CHARACTER REFERENCES:

NAME	ADDRESS	PHONE	YRS. KNOWN
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IF YOU HAVE BEEN ENDORSED BY A CLUB MEMBER, STATE HIS/HER NAME.

FORT SMITH FLYING CLUB INC.

ATTACH TO THIS APPLICATION

- A COPY OF YOUR PILOT CERTIFICATE
- YOUR CURRENT MEDICAL CERTIFICATE
- THE LAST PAGE OF YOUR LOG BOOK

HAVE YOU EVER BEEN A MEMBER OF A FLYING CLUB? _____ IF "YES" STATE NAME OF CLUB AND NAME, ADDRESS & PHONE OF CLUB OFFICER WE MAY CONTACT.

STATE NAME, ADDRESS AND PHONE WHERE YOU HAVE RENTED AIRPLANES.

HOW DID YOU FIRST HEAR ABOUT FORT SMITH FLYING CLUB?

CREDIT CARD: (Visa, MasterCard, Discover, American Express)
Entered at <http://www.fsmflyingclub.org/creditcardsetup>

COMMENTS: _____

I declare the above information is true and correct and I will abide by the bylaws, operating policies and procedures and any decision of the Board of Directors of Fort Smith Flying Club Inc. ("FSFC"). I agree to pay for all goods and services charged to my FSFC account by the 10th of each month. I further agree if full payment on my account is not received by FSFC before the 10th of each month, I authorize FSFC to charge the entire past due balance of my account to the credit card listed above. I understand that failure to pay for all goods and services, as requested, will subject me to immediate suspension or revocation of my membership, as well as any collection action that FSFC deems appropriate. FSFC is authorized to check my credit, employment and flying history and to answer questions about FSFC's credit and flying experience with me. I further understand that FSFC may revoke my membership should I fail to comply with FSFC's directives, operating policies and procedures or any subsequent, duly approved, operating policies and procedures as they are published from time to time.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR CLUB USE ONLY

DATE RECEIVED: _____ BOARD REVIEW DATE _____

ACTION OF THE BOARD :(INCLUDE REASON IF NEGATIVE) _____

INITIATION DATE: _____ FEE PD.: _____ DIRECTOR'S SIGNATURE.: _____

(Rev. Jan 2019)