



MEMBERSHIP APPLICATION FORM

* Indicates required information in order to process the application.

* Date: _____

* Name: _____ Call Sign: _____

* Street Address or P.O. Box: _____

* City: _____ * State: _____ * ZIP: _____

* Primary Phone Contact: Cell Home Work _____

Secondary Phone Contact: Cell Home Work _____

* E-mail Address: _____

Profession (Previous Profession if Retired): _____

* FAA Certificates Held: Student Private Commercial ATP CFI

* Do you presently hold a FAST card? Yes No

* If yes, by what organization was it issued? _____ For what year? _____

* In what aircraft did you qualify for your FAST card? Stearman Other (Indicate): _____

* Current Formation Rating: 2-Ship Wing 4-Ship Wing Non-Rated
2-Ship Lead 4-Ship Lead

* Total Flight Hours - All Aircraft: _____ * Formation Hours - All Aircraft: _____

* Total Flight Hours - Stearman: _____ * Formation Hours - Stearman: _____

Table with 2 columns: Item, Price. ANNUAL MEMBERSHIP FEE (Due Jan 1st of each year) \$45.00, FORMATION PROCEDURES GUIDE \$75.00

NOTE: For purposes of standardization, the purchase of a Formation Procedures Guide is required prior to participation in any flying activity organized by Stearman Flight, or to be issued a FAST card. Non-flying members may join without the need to purchase the guide.

I am applying for a Flying Membership and am submitting a check for \$120.
I am applying for a Non-Flying Membership and am submitting a check for \$45 only.

* Signed: _____ * Age if under 21: _____

To join, submit this signed application along with a check for the appropriate amount to: Comments (If needed):

Stearman Flight
Post Office Box 1328
Starkville, Mississippi 39758

Welcome Aboard!