



Membership Application

(Please Print)

Name _____ Date of Birth _____

Home Address/Zip _____

Contact Phone Numbers _____

Email _____ Employer/How Long? _____

Certificates _____ Certificate Number _____

Ratings _____ Total Flying Hours _____

Total Last 90 Days _____ Date of Flight Review _____

Total Hours Logged in C172 _____ C182 _____ C182R _____ Retractable _____

Hours Flown Per Year _____ Medical Date/Class _____

FBO Where You Currently Rent _____

Do You Own or Are You a Part Owner in an Aircraft? _____

How were you referred to Arizona Flyers Club? _____

If accepted as a member, I understand my membership is subject to a six month probationary period and approval by the Arizona Flyers Club Board of Directors.

I understand a flight review with two club authorized CFIs must be successfully accomplished and the appropriate endorsement made by the CFIs before solo flight is authorized.

I agree to comply with all club rules and insurance requirements pertaining to minimum pilot experience while operating as Pilot in Command of club aircraft.

Signature _____ Date _____

We must receive a copy of your Airman & Medical Certificates for this application to be processed.