## Charlevoix Flying Club

## Membership Application

Name	Date
Address	
Phone (Home)	Date of Birth
(Cell)	Occupation
(Work)	Email address
Date of last flight physical (enclose copy)	
Date of last biennial (enclose copy)	
FAA Ratings:	
PrivateCommercialMulti-Engin	eInstrument
InstructorStudentOther	
Pilot Certification No	
Total Hours Retractable Multi-E	Engine In Type
Have you ever had a flying accident or incident?	_
If yes please explain on back including date, location, cause, o	dollar amount of bodilyf injury, property damage, aircraft damage.
Have you ever had your pilots license suspended?	_
If yes please explain on back the date, reason, and length of s	uspension.
Have you ever been ticketed for driving while intoxicated or impaired in the last 5 years?	
Have you ever been arrested for possession of drugs? _	
Drivers License Number	Social Security Number
List the name and phone number of two personal refere	ences:
check. I attest that the information given here is correct	o a background check which includes driving, criminal and credit et. I certify that I have received a copy of the Charlevoix Flying by that I have read and understand the above stated documents.
Signature	 Date