

# Northern Colorado Flying Club 501

## Membership Application

### APPLICANT INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
EMERGENCY CONTACT NAME:		
PHONE:	EMAIL:	

### EMPLOYER INFORMATION:

EMPLOYER :	
ADDRESS:	
PHONE:	OCCUPATION:

### PILOT INFORMATION:

FLYING HOURS/TOTAL:	FLYING HOURS LAST SIX MONTHS:
DATE OF LAST FLIGHT:	AIRCRAFT TYPE FLOWN:
CERTIFICATES HELD:	MEDICAL DUE:

continued

Check all that apply

	YES	NO
Have you ever been involved in an aircraft accident or incident?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with a violation of FAA regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have current Third Class or higher medical certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Are you current with your Biennial Flight Review?	<input type="checkbox"/>	<input type="checkbox"/>
Within the last five years have you been convicted or pleaded guilty to a DUI, drug charges, possession of drugs, reckless or drunk driving?	<input type="checkbox"/>	<input type="checkbox"/>
Within the last five years have you been penalized or disciplined for violating FAA regulations?	<input type="checkbox"/>	<input type="checkbox"/>

**Please include copies of driver's license, current medical and pilot certificate with this application.**

I understand that the Board of Directors and the membership of Northern Colorado Flying Club determine my acceptance in the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club's By-Laws, membership rules and decisions set forth by the Board of Directors.

Applicant signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**APPROVAL**

BOARD MEMBER INITIALS	BOARD MEMBER INITIALS
BOARD MEMBER INITIALS	BOARD MEMBER INITIALS
APPLICATION RECEIVED: ___/___/___	DATE APPROVED: ___/___/___

**Initial application fee \$250.00**

Make check payable to Northern Colorado Flying Club 501, Inc. and mailed to:

Gary Schultz  
P. O. Box 355  
Drake, CO 80515