

FOX FLYING CLUB
P.O.BOX 472 Wheaton, Illinois 60189-0472
Answering service: 630-447-9369 <http://www.foxflying.com>
MEMBERSHIP APPLICATION

Name: First _____ Last _____ Middle Initial _____

E-Mail _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address: _____ City _____

State _____ ZIP _____

Pilot Certificate # (include copy, both sides) _____

Certificate Type (circle): Student Recreational Private Commercial CFI CFII ATP

Ratings (circle): SEL MEL Instrument SES MES Other _____

Hours: Total Time _____ PIC _____ Night _____ Instrument _____ Complex _____
High Performance _____ Piper Arrow _____ Cirrus _____ Multi-Engine _____

Endorsements: Complex _____ High Performance _____ High Altitude _____ Tailwheel _____

Instructor Certificate Expiration Date _____

List type of aircraft and total hours logged in each:

Last BFR Date (incl. copy) _____

Date of Last Medical: (incl. copy) _____ Class _____

Restrictions: _____

Basic Med: Last FAA Medical _____ Last Physical Exam _____

Last Med. Education Course (incl. copy) _____

Driver's License # (incl. copy) _____ State _____ Date of Birth _____

Driver's License Expiration Date _____

Occupation: _____ Employer _____

Employer Address: _____ City _____ State _____

ZIP _____ Employer Phone _____ U S Citizen? _____ If not, include copy of passport, visa, etc.)

Skills, Hobbies, Interests that can benefit the club _____

Have you, within the past 36 months had your pilot's or driver's license surrendered, suspended, or revoked or have you been arrested for or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol? YES ___ NO ___ If yes to any of these
Have you ever been in an aircraft accident as PIC? YES ___ NO ___ give complete details
Have you ever been involved in a FAA violation? YES ___ NO ___ on reverse side of this
Has your license ever been suspended or revoked? YES ___ NO ___ page
Have you ever had your membership in an aviation club suspended or revoked? YES ___ NO ___

I hereby certify that all information provided on this application is true and correct. I also attest that I will operate club equipment and aircraft in a safe, responsible manner. I will comply with all Bylaws, Rules and Regulations of the Club. I will pay any and all amounts due the Club promptly. I will return any keys I have for Club aircraft or equipment when I leave the Club.

I hereby authorize the Fox Flying Club, or its authorized agent to complete a background check, credit check and verify the references provided on the attached Reference Sheet for the purposes of membership in the Club.

Please include copies of:the following documents with this application:

Driver's License (both sides) ____, Medical ____, Pilot Certificate(s)(both sides) ____, Biennial Flight Review ____.

Aircraft/Flight endorsement(s) ____, references ____,

if not a US Citizen, include passport ____, visa ____, green card ____, etc.

Signature _____ Date _____

Parent or guardian (if req.) _____ Date _____

Fox Flying Club Use Only

Board of Directors initials/date: _____ / _____ / _____

Schedulemaster User # _____

Schedulemaster User ID _____