Fox Flying Club

Flight Safety Review: ____

August 1 – October 31 & February 1 – April 30

Name: _____

Address: _____

City: _____ St: ____ Zip: _____

Cert #: _____

Cert Type: Student Pvt Comm ATP CFI CFII

Instrument Rated: Yes No

Medical Class: 1st 2nd 3rd

Medical Expiration Date: _____ / _____ / _____

BFR Expiration Date: _____ / _____ / _____

Have you within the past 36 months had your pilots or driver's License suspended or revoked or been arrested for, or charged With operating an aircraft or motor vehicle under the influence of Drugs or alcohol? Yes ____ No ____

Pilots Signature:

_____

Aircraft Checkout: _____

Date: _____ / _____ / _____

Aircraft used: _____

Authorized to fly:

N62681 ☐ N773SP ☐

N81898 ☐ N41598 ☐

Total flight hours: _____

Retract flight hours: _____

Arrow flight hours: _____

Preheater familiarization: ☐

Check Pilot: _____

CFI #: _____

CFI Expiration: ____ / ____ / ____

CFI Signature:

_____

Send to Membership Officer. Include copied of updated medical, BFR, complex endorsement, pilot certificate, etc.

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_____

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Aircraft used: _____

Authorized to fly:

N62681 ☐ N773SP ☐

N81898 ☐ N45198 ☐

Total flight hours: _____

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CFI #: _____

CFI Expiration: ____ / ____ / ____

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_____

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Membership Officer
Fox Flying Club
P. O. Box 472
Wheaton, IL 60189-0472

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