

MEMBERSHIP APPLICATION

NAME _____ PHONE _____ WORK # _____
ADDRESS _____ ZIP _____
CITIZENSHIP _____ OCCUPATION _____
NEW YORK DRIVER'S LICENSE # _____ e-mail address _____
LIST CONDAIR MEMBERS WHO KNOW YOU _____
DATE OF BIRTH _____ STUDENT PILOT? _____
PILOT'S CERTIFICATE #, RATINGS, LIMITATIONS _____
FAA MEDICAL DATE _____ CLASS _____ BIENNIAL DATE _____
EXPERIENCE: Total Time _____ Instrument _____ Single Engine _____ Multi Engine _____
HOURS IN TYPE: R182 _____ PA28 _____ C172 _____ C152 _____ Other _____
LIST ANY AIRCRAFT ACCIDENTS OR VIOLATIONS * _____
LIST OTHER FLYING CLUBS YOU BELONG/HAVE BELONGED TO * _____

* Use back of form if necessary.

I hereby apply for membership in CONDAIR FLYERS, INC. I agree to have any information submitted on this form verified by the Board Of Directors of Condair Flyers, by any means available to them.

I certify that my pilot's license (if any) is current and not under suspension or revocation. If accepted to membership, I agree to abide by all FARs and Condair Flying Regulations and Bylaws.

At the time of my interview I will provide the Board with a copy of my New York State Department of Motor Vehicles Abstract of Driving Record.

Member replaced _____

APPLICANT SIGNATURE _____ DATE _____

\$10 application fee must accompany this completed form.

Board Action and Record data:

Driver's license check completed: _____ Interview Completed _____

Accepted ___ Rejected ___ Reason _____

Condair Officer's Signature _____ Date _____

Member deposit \$ _____ Date _____ First month's dues \$ _____ Date _____

Orientation sheet, Flying Regulations, Bylaws, Roster, New member checklist, Myfo reservation guide, Approved instructor list, and Preheat checklist (during winter months only) sent: _____