



# Atlantic Flying Club

P.O. Box 773  
Fernandina Beach, Florida 32034

## Membership Application

I, \_\_\_\_\_, hereby apply for membership in the Atlantic Flying Club and submit the following information which I certify to be true and correct:

Residence Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ D/L State \_\_\_\_ # \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Airman Certificate # \_\_\_\_\_

Current Certificates and Ratings:

- |                                       |                                     |             |
|---------------------------------------|-------------------------------------|-------------|
| <input type="checkbox"/> Student      | <input type="checkbox"/> Instrument | Other _____ |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Complex    |             |
| <input type="checkbox"/> Private      | <input type="checkbox"/> Multi      | Other _____ |
| <input type="checkbox"/> Commercial   | <input type="checkbox"/> CFI        |             |
| <input type="checkbox"/> ATP          | <input type="checkbox"/> CFII       |             |

Medical:       3<sup>rd</sup>    2<sup>nd</sup>    1<sup>st</sup>   Last Exam Date: \_\_\_\_\_

Last Biennial Flight Review: Date \_\_\_\_\_ Instructor \_\_\_\_\_

Do you meet FAA currency requirements for carrying passengers? (Student pilot n/a)  Yes  No

Flight Hours: Total \_\_\_\_\_ VFR \_\_\_\_\_ IFR \_\_\_\_\_ Night \_\_\_\_\_

C-172 \_\_\_\_\_ Last 12 months \_\_\_\_\_ Dual Given (CFIs) \_\_\_\_\_

I have been flying since: (month, year) \_\_\_\_\_

Have you ever been in an aircraft accident?  Yes  No

Have you had a certificate suspended or revoked?  Yes  No

Have you had a driver's license suspended or revoked?  Yes  No

*If yes to any of the above, explain in detail and include with this application.*

I plan on using the Club aircraft for the following purposes: (Training, pleasure, business, etc.)

\_\_\_\_\_

Please list three personal references or member(s) who referred you to the club: (Name, address, phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include a copy of your Pilot Certificate, current Medical, Driver’s License, and last 3 log book pages. Applicants must be a U.S. citizen or a registered alien as evidenced by a copy of your birth certificate, U.S. passport, or an alien registration card.

I agree that I am personally liable for all debts owed by me regarding the use and/or privileges of Club property. I agree to abide by and observe all By Laws, Flight Regulations, Rules and Regulations issued by the Club, Local, State, and Federal Aviation Agencies. The club may conduct a credit and/or background check on me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If applicant is less than 18 years of age, a parent or guardian must sign the following agreement.*

We, the parent(s)/guardian(s) of the above-named individual, grant him/her permission to join Atlantic Flying Club, and shall be financially liable for all debts owed by him/her regarding the use and/or privileges of Club property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Application received      Date \_\_\_\_\_

Board Member Approvals:

\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_