

Brookings Flying Club Membership Application

All information requested below must be provided before your application can be reviewed.
Please send completed application to: Brookings Flying Club; P.O. Box 302; Brookings, Oregon 97415.

PART ONE

Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____
Email Address: _____ Date of Birth: _____ Drivers License: _____

Occupation: _____ Employer: _____ Work Phone: _____

Spouse's Name: _____ Membership Class ("flying" or "non-flying"; see Bylaws) _____
Personal Reference's Phone: _____
Business Reference's Phone: _____
Business Reference's Phone: _____

PART TWO (Flying Members Only)

Pilot Certificate Number: _____	Ratings Held: _____	Total Time: _____
Date of Last Medical: _____	Date of Last B.F.R.: _____	Time Last 90 Days: _____
Has your certificate ever been suspended or revoked? _____	If yes, explain on back	
Have you, as Pilot in Command, ever had an accident? _____	If yes, explain on back	

You have my permission to verify any of the information provided above. I acknowledge that I have read the Bylaws and flight regulations of the Brookings Flying Club, Inc. and agree to abide by same.

Date: _____ Signed: _____

Approved / Disapproved: _____