

The Taylorcraft Flying Club

Application For Membership

PERSONEL

Name		D.O.B.	
S.S.N.			
Address			
City		State	Zip
Home Tel			
Office Tel			
Email			
Driving License #			
State all Driving Violations Last 5 Years			

FLYING EXPERIENCE (If Any)

Licenses Held		
Private	Commercial	ATP
(Y/N)	(Y/N)	(Y/N)
Ratings Held		
Instrument	Multi-Engine	CFI
(Y/N)	(Y/N)	(Y/N)
Date Of Last Medical		
Total Flying Hours Logged		
Have You Ever Been Refused A Medical Certificate ?		(Y/N)
Have You Ever Have Medical Revoked ?		(Y/N)
Have You Had Any FAA Violations ?		(Y/N)
If Yes Explain		
List Aircraft Types Flown Below		
Give Any Other Aviation Experience Below		

EMPLOYMENT

Occupation	
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The Taylorcraft Flying Club

Application For Membership

Employer					
Address					
City		State		Zip	
Tel					
Hire Date					

<i>CREDIT REFERENCES (Required)</i>		
1 st Reference	Name Tel #	
2 nd Reference	Name Tel #	

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted as a member, falsified statements on this application shall be grounds for termination. I agree to be bound by the Taylorcraft Flying Club Byelaws and Club policies. I authorize investigation of statements contained herein and hold harmless the corporation for any result thereof"

Signature.....

Date.....

Mail completed application with one years membership fee to:

Taylorcraft Flying Club
6303 Firestone Rd NE
Canton, Ohio 44721
Call (330) 936-7771

Your membership application will be reviewed at the next management board meeting which is held on the first Monday in each month.