

# 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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## Application For Membership

Employer					
Address					
City		State		Zip	
Tel					
Hire Date					

<i>CREDIT REFERENCES (Required)</i>		
1 <sup>st</sup> Reference	Name Tel #	
2 <sup>nd</sup> 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  
5605 Middlebranch Avenue  
Canton OH 44721

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