

Gateway Flying Club

Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Employer _____

Address _____

Phone _____

References (at least one who is familiar with your flying skills)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Pilot Certificate Number _____ Date of Issue _____

Medical Certificate Class _____ Expiration Date _____

Bi-Annual Date _____

Category _____ Class _____ Rating _____

That Type of Aircraft have you piloted?

Aircraft _____ Hours _____ Aircraft _____ Hours _____

Aircraft _____ Hours _____ Aircraft _____ Hours _____

Aircraft _____ Hours _____ Aircraft _____ Hours _____

Answering yes to any of the following *may not* preclude you from membership.

Have you ever had an FAA violation? Yes ___ No ___ (if yes, explain)

Have you ever made a forced landing? Yes ___ No ___ (if yes, explain)

Have you ever had an aircraft accident? Yes ___ No ___ (if yes, explain)

The above is true and correct to the best of my knowledge:

Signature _____ Date _____