

Flying 20 Club, Inc. Danbury, Connecticut



Application for Membership

Name			_ Home Phone	
Street Address			_ e-mail	
City/State/Zip			_Cell	
Driver License #		_State	Business Tel	
Occupation		Employer		
Birthplace			Date of Birth	
Spouse's Name		PIC Hours	Total Hours	,
Type of Certificate	Certificate No.		Date of Issue	
Other Ratings				
Date Soloed	Date of Flight Review	<i>/</i>	Medical Due Date	
Have you ever been a mei	mber of any flying club?	Club Name _	Location	I
Experience or skill(s) that	might be of value to club ope	rations		
1	ng at least one who has flowr			
	t the club?			
Have you discussed the cl	lub with any members?	If so, whor	n?	
had your pilot certifice with operating an aircra	lent, incident or insurance cla cate or driver's license surrer aft or motor vehicle while und lead guilty or no-contest to ar	ndered, suspen er the influence	ded, or revoked or been arre e of drugs or alcohol?	ested or charged
If you answered yes to	o any of the above, please	explain compl	etely on a separate page i	ncluding dates.
appurtenant there to, I her I have read and understa billed therefore, without fu event said moneys are no Flying 20 Club, Inc., for m	eing accepted as a membereby agree to be bound by the and. I agree to pay all Cluburther demand, together with paid within 30 days after the syself, my heirs, executors, are or death incurred while fly Club, Inc.	e Bylaws and a dues, flying ch h the costs of he same shall b nd administrato	all operating rules of the Flyin narges and assessments in collection and a reasonable ecome due and payable, and ors from all claims against th	ng 20 Club, Inc., which nmediately upon being e attorney's fee in the nd I hereby release the ne Flying 20 Club, Inc.
Signature of Applicant	Printe	d Name		Date
Signature of Witness	Printe	d Name		Date

Contact Vince Calio at <u>vicepresident@flying20club.org</u> or (914) 419-9011 for information on submitting an application. (Rev. 3/22)