



# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

<b>FULL NAME</b>			
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>CELL PHONE</b>	<b>EMAIL ADDRESS</b>	<b>DOB</b>	

## EMERGENCY CONTACT INFORMATION

<b>FULL NAME</b>			
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>CELL PHONE</b>	<b>EMAIL ADDRESS</b>		

## EMPLOYER INFORMATION

<b>EMPLOYER NAME</b>			
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAIN PHONE</b>	<b>OCCUPATION</b>		



# MEMBERSHIP APPLICATION

## PILOT INFORMATION

<b>FULL NAME AS IT APPEARS ON PILOT CERTIFICATE</b>	
<b>CERTIFICATE #</b>	<b>ISSUANCE DATE</b>

<b>CURRENT CERTIFICATE LEVEL</b> <i>(Check all that apply)</i>		
<b>PILOT</b>		<b>INSTRUCTOR</b>
<input type="checkbox"/> <b>STUDENT</b>	<input type="checkbox"/> <b>PRIVATE</b>	<input type="checkbox"/> <b>FLIGHT</b>
<input type="checkbox"/> <b>RECREATIONAL</b>	<input type="checkbox"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>GROUND</b>
<input type="checkbox"/> <b>ATP</b>	<input type="checkbox"/> <b>ATP - RESTRICTED</b>	<input type="checkbox"/> <b>INSTRUMENT</b>

<b>RATINGS</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> <b>ASEL</b>	<input type="checkbox"/> <b>AMEL</b>	<input type="checkbox"/> <b>ASES</b>	<input type="checkbox"/> <b>AMES</b>
<input type="checkbox"/> <b>Instrument</b>	<input type="checkbox"/> <b>CFI</b>	<input type="checkbox"/> <b>CFII</b>	<input type="checkbox"/> <b>MEI</b>
<b>OTHER? EXPLAIN:</b>			

<b>ENDORSEMENTS</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> <b>High Performance</b>	<input type="checkbox"/> <b>Complex</b>	<input type="checkbox"/> <b>Tailwheel</b>	<input type="checkbox"/> <b>None</b>
<input type="checkbox"/> <b>Student Pilots Only – Solo?</b>			
<b>OTHER? EXPLAIN:</b>			

<b>MEDICAL &amp; FLIGHT REVIEWS</b>			
<b>CURRENT MEDICAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>CURRENT FLIGHT REVIEW (FAR 61.56)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CLASS:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>			
<b>DATE OF LAST MEDICAL:</b>		<b>DATE OF LAST FLIGHT REVIEW:</b>	



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PILOT EXPERIENCE REPORT & RECORD OF PILOT TIME								
	TOTAL	DUAL RECEIVED	SOLO	PIC	XC DUAL RECEIVED	XC SOLO	XC PIC	INSTRUMENT SIM & ACTUAL
AIRPLANES								
ROTORCRAFT								
FFS								
FTD								
ATD								

CLASS TIME TOTALS					
	SINGLE ENGINE LAND	MULTI ENGINE LAND	SINGLE ENGINE SEA	MULTI ENGINE SEA	TOTAL LAST 90-DAYS
AIRPLANES					
ROTORCRAFT					
FFS					
FTD					
ATD					

CLUB AIRCRAFT TYPE TIME TOTALS				
	TOTAL TIME	LAST 12 MONTHS	LAST 90-DAYS	LAST 30-DAYS
CE-172 CESSNA 172				
AA-5B GRUMMAN TIGER				
PA-36 CHEROKEE SIX 300				
RV-9A VANS RV 9A				



## MEMBERSHIP APPLICATION

LEGAL & ACCIDENT QUESTIONNAIRE		
	YES	NO
1. Have you ever been involved in any aircraft accidents?		
2. Have you been involved in any aircraft accidents within the last 3-years?		
3. Have you ever been charged with any violation of FAA regulations?		
4. Has the FAA ever taken any enforcement actions against your pilot certificate?		
5. Have you been involved in any motor vehicle accidents within the past 3-years?		
6. Have you been issued a moving traffic citation within the past 3-years?		
7. Have you ever been convicted of any drug or alcohol related crimes?		
8. Have you ever been convicted of any misdemeanor or felony charges?		
9. Have you ever been convicted of Driving Under the Influence (alcohol or drugs)?		
10. Have you ever been denied of any aircraft owner or renters' insurance?		
11. Have you ever been denied a pilot certificate?		

**IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN THEM IN DETAIL BELOW, INCLUDING DATES AND TIMES:**



## MEMBERSHIP APPLICATION

**Please include copies of your Driver’s License, current Medical Certificate and Airman Certificates (all that apply) with your application.**

*I have answered all questions in this application truthfully and accurately. I understand that the Santa Barbara Flying Club Board of Directors determine my acceptance into the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club’s Charter, By-Laws, Membership Rules and other official Club documentation. Further, I also understand that my membership may be cancelled or denied if it’s found that I did not answer any question in this application truthfully.*

<b>APPLICANT SIGNATURE</b>	<b>PRINTED NAME</b>	<b>DATE</b>
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### APPROVALS

<b>BOARD MEMBER SIGNATURE</b>	<b>BOARD MEMBER SIGNATURE</b>	<b>BOARD MEMBER SIGNATURE</b>
<b>BOARD MEMBER SIGNATURE</b>	<b>BOARD MEMBER SIGNATURE</b>	<b>MEMBERSHIP OFFICER SIGNATURE</b>