



Membership Application

How did you hear about our Club?			
Name:		Email:	
Current Address:			
City:		Prov:	Postal Code:
Phone: Home		Bus:	Cell:
License number:			
Membership Type	Social <input type="checkbox"/>	Flying <input type="checkbox"/>	Owner Member <input type="checkbox"/>
Date of last medical:		Class:	Expiry Date:
Total hours:	Dual:	Solo:	On Type (172):
Ratings:	Recreational:		Private
	Commercial		Night:
	VFROTT:		IFR:
	Multi Engine:		Other:
Do you intend on flying the Club Aircraft? Yes No			
Emergency Contact Information			
Name:			
Address:			
City:	Prov:	PC:	Phone:
Relationship:			
Spouse Information			
Name:			
Address:		Phone:	
Previous Club or Flight Center Information			
Club or Flight Center name:			
Address:			How long?
City:	Prov:	Postal Code:	
Phone:	Email:	Fax:	
Contact Name:			
Incident / Accident record			
Date:	Incident:		Resolution
References – Non related, Minimum 1 aviation reference required			
Name:	Address:	Phone	
1.			
2.			
<p>Note: If you intend on flying the Club aircraft please attach a copy of the last 2 pages of your flight log, a copy of your medical, a copy of your pilot's license information pages, and a cheque for the annual membership fee to this application. Once approved, a self-driven Membership Checklist must be completed and submitted. If during the year there is any change in your status as a pilot (ie. medical, recency, currency, suspension etc.) it is your responsibility to advise the Safety Officer immediately.</p>			
Signature of Member/Applicant:			Date:
Signature of Membership Officer:			Date: