

HILLSBORO FLYING CLUB MEMBERSHIP APPLICATION

12363 NW Jackson Quarry Rd. · Hillsboro, OR 97124-8121 · 503-647-7701 · Fax 503-402-8674
www.hillsboroflying.org

Date _____ Birthday _____
Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Occupation _____
State _____ Employer _____
E-mail Address _____

Do you hold a current pilot's license? Yes No

If yes, please fill out the following information:

Pilot Certificate Number _____ Date of Last Medical _____
Ratings held _____
Total Time _____ Time past 12 months _____

Brief history of flying experience:

How many hours per year do you plan to fly? _____

What type(s) of flying? Weekend Weekday Cross-country Other _____

Who referred you to the club or how did you hear about us? _____

Have you ever had an aircraft accident or violation filed against you? Yes No

If yes explain: _____

Have you had an auto accident or moving violation in the past 3 years? Yes No

If yes explain: _____

I wish to join the I (Cessna 152), II (Cessna 172/Cherokee 180), III (Cessna 182), or
 IV (Beech Debonair) class with the purchase of club shares at a current cost of \$_____
and monthly dues of \$_____. I have received (or reviewed on the web) a copy of the Bylaws and
the Club Regulations. I agree to abide by these rules and operating procedures to the best of
my ability.

Signed _____ Date _____

Board of Director's use only: _____ Membership Number _____

Reviewed and Recorded License Medical BFR

Considered By: _____

The results were: _____

Payment form: _____

Signed _____