

HILLSBORO FLYING CLUB MEMBERSHIP APPLICATION

12363 NW Jackson Quarry Rd. · Hillsboro, OR 97124-8121 · 503-647-7701

www.hillsboroflying.org

Date _____ Date of Birth _____
Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Cell Phone _____
State/ZIP _____ Occupation _____
E-mail Address _____ Employer _____
Driver's License Number & State (please provide photocopy) _____

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, moving violation, or DUII in the past 3 years? Yes No

If yes explain: _____

I wish to join the I (Cessna 172), II (adds Cessna 182), or III (adds Beech Debonair)

Membership Level for a total cost of \$_____ and current 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. I understand that aircraft fleet composition, dues, and rates may change when the Board deems it appropriate. I may terminate my membership at any time by providing 30 days' written notice. The Club will then refund 50% of my membership joining cost within six months of my membership termination.

Signed _____ Date _____

Board of Director's use only: Membership Number _____

Reviewed and Recorded Driver's License Pilot Certificate Medical BFR

Considered By: _____

The results were: _____

Payment form: _____