

# Hillsboro Flying Club Membership Application

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(503) 616-8841  
www.hillsboroflying.org

Date:

Date of Birth:

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address:

Employer:

Occupation:

Driver's License Number & State:

Do you hold a pilot certificate?  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 any FAA violation filed against you?  Yes  No.

If yes, give date(s) & explain:

Have you ever been convicted of any crime?  Yes  No

If yes, give date(s) & explain:

Have you had any auto accident, traffic tickets, or Driving Under the Influence of Intoxicants (DUI) charges filed against you in the past three years, or have you ever had your driving privileges suspended or revoked?

Yes  No

If yes, give date(s) & explain:

I wish to join the club for a buy-in cost of \$ 3,000 and current monthly dues of \$ 190. I have read the Club Bylaws and 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.

Signed:

Date:

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Board of Director's use only:       Approved       Denied      Membership Number:

Reviewed and Recorded:

Driver's License     Pilot Certificate

Medical     Flight Review

Considered By:

Payment form (or reason for denial):