

Clearview Flying Club, Inc. Membership Application

Contact: Walt Tegeler

Phone: 410-984-2434

Please include \$150.00 for social membership or \$600.00 for a flying membership and a copy of your driver's licence, current medical and pilot certification with this application. Applications may be mailed to:



Clearview Flying Club, Inc.
526 Oak Tree Rd
Westminster, MD 21157

Applicants Information

Name:		
Address:		
Phone:	Email:	DOB:
Emergency Contact Name:		
ECN Address:		
ECN Phone:	ECN Email:	

Employer Information

Employer:	Hire Date:
Address:	
Phone:	Job Title:

Pilot Experience:

Certificates:		
Total Flight Time:	Last 6 Months:	
Total Time in Club Aircraft Type(s):		
Medical Class:	Medical Due:	Flight Review Due:
Date of Last Flight:		

Have you been (check all that apply):

Involved in any aircraft accidents or incidents _____ Y _____ N
 Charged with violation(s) of FAA regulations _____ Y _____ N

Involved in a motor vehicle accident in past 3 years _____ Y _____ N
 Issued a moving violation in pass 3 years _____ Y _____ N

I understand the Board of Directors and the membership of Clearview Flying Club determine my acceptance into the club. If I'm accepted I agree to adhere to the procedures and regulations as outlined in the Club's by-laws, membership rules, and decisions set forth by the Board of Directors.

Print Name: _____

Sign Name: _____ **Date:** _____

Approval

Board Member Initials:	Board Member Initials:
Board Member Initials:	Board Member Initials:
Application Received:	Date Approved: