## Harrison Social Flites, Inc. Membership Application

LAST NAME:		FIRST NAME:	
STREET ADDRESS:			
CITY:			
STATE:		ZIP CODE:	
EMAIL ADDRESS:		PHONE NUMBER:	
DATE OF BIRTH:		CELL PHONE #:	
EDUCATION:		MILITARY EXPERIENCE:	
DEGREES EARNED:		]	
PILOT CERTIFICATE AND FLIGHT EX		N	
FAA CERTIFICATE NUMBER:			
DO YOU HAVE A CURRENT MEDICAL?	☐ YES I ☐ NO	MEDICAL EXPIRATION:	
BFR EXPIRATION:			
RATINGS			
TYPE:		DATE:	
FLIGHT TIME			
TOTAL:	PAST 90	DAYS:	PAST 12 MONTHS:
INSTRUMENT:	SOLO:		DUAL:
SINGLE ENGINE:	MULTIE	NGINE:	COMPLEX:

## AIRCRAFT FLOWN

MAKE/MODEL			HOURS:	
MAKE/MODEL			HOURS:	
LEGAL INFORMATION				
Have you been convicted of driving	⊖ YES	Have you ever bee		⊖ YES
under the influence of alcohol or drugs in the past 7 years?	O NO	in an aircraft incide accident?	ent or	○ NO
Have you ever had your pilots license	⊖ YES	Have you ever had	d an FAA	⊖ YES
suspended?	O NO	violation?		O NO
Have you ever been arrested,	⊖ YES			
indicted, convicted or summoned as a defendant in a civil or military court for violation of any law or ordinance,	O NO			

How did you hear about Harrison Social Flites?

excluding minor traffic violations?

I hereby certify that the above statements and answers are true and correct to the best of my knowledge.

It is agreed that this application is not binding on the applicant or Harrison Social Flites Inc.; but if voted to membership, I agree to abide by the constitution, By- laws, operating rules and regulations of Harrison Social Flites Inc. and the rules and requirements of the Federal Aviation Administration.

SIGNATURE:

DATE:

Email completed form to <u>Dan Meyer</u> or you can print it and bring it to one of our meetings held on the first Wednesday of each month.