The Flying 64th, Inc. – Membership Application

Name

First Name Last Name

Address

Street

City State Zip

E-mail

Home Number **Cell Number** **Work Number**

Driver's License

Number State Expiration

Date of Birth

Pilot Information

☐ Student ☐ Private or Commercial ☐ CFI or CFII

Approximate Number of Hours

Do you have a valid Medical Certificate, or would you be able to pass a physical?

☐ Yes ☐ No

References

Name Telephone

Name Telephone

I am familiar with the By-Laws, Rules, and Regulations for the Flying 64th, Inc. and I agree to abide by them if elected to membership.

☐ Yes ☐ No

Signature Date