

Membership Application

Personal Information:

Name (last, first): _____

Address (street): _____

(city, state, zip): _____

Home Phone: (_____) - _____

Work Phone: (_____) - _____

Cell Phone: (_____) - _____

Email Address: _____

In an emergency

notify: _____ Phone _____

or: _____ Phone _____

Pilot Information

Type Certificate: _____ Number _____

Issue Date: _____

Ratings: _____

Restrictions: _____

Has your certificate ever

been suspended or revoked: No ____ Yes ____ (If yes explain below)

Date of last medical: _____ Medical Class _____

Last flight Date: _____ Last BFR date _____

Total Logged Hours: PIC _____ IFR _____ Night _____ Dual _____

Total Logged Hours: Complex/High Performance Airplane PIC _____

Credit and Employment Information (must be completed)

Bank Name: _____

Credit Cards: VISA MC AMEX Other _____

Employer: _____

Length of employment: _____ years.

Address: _____

Phone: (____) _____

All information given by me on this application is true and accurate (and will remain confidential). All information given regarding, class, and/or categories are based on certificates held by me that have not been suspended, revoked, expired or surrendered. I will report any changes to the above immediately.

Include The Following: 1. Copy of Pilot Certificate and Medical Certificate

2. Check for \$630 for Deposit, Initiation Fee and First Month Dues

*** You must also attend one club meeting to be eligible for membership. Meetings are usually held at 7:30 PM on the third Tuesday of each month at the Addison Airport Fire Station. See <http://www.rfcdallas.com/meetings.asp> for details and time or location changes.**

I HAVE READ THE BYLAWS AND PROCEDURES OF RFC DALLAS, INCORPORATED AND AGREE TO ABIDE THEM. FURTHERMORE, I HEREBY RELIEVE RFC DALLAS INC., ITS BOARD OF DIRECTORS, AND ITS OFFICERS OF ANY RESPONSIBILITY REGARDING CLAIMS OR DAMAGES.

Signature: _____

Date: _____

RFC Dallas, Inc. Board approval: _____

Date: _____