

Elkins Pilots Club

Membership Application

Type of Membership Sought:

Insured Pilot, Regular Membership

Insured Student

Non-Insured Associate Membership

Drivers Record Attached

Y / N

Birth Certificate / Passport Attached

Y / N

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone: ()

Alternate Phone: ()

Email:

Alternate Email:

SS Number:

Date of Birth:

Elkins Pilots Club Sponsor:

Emergency Contact

Name:

Tel:

Flight Information

List Total Hours of Flight Time:

List All Ratings Held:

Employee Information

Occupation:

Work Address:

Background Information

Have you ever had your driver's License Revoked?

Yes _____ No _____

Have you ever had your Pilot Certificate Revoked?

Yes _____ No _____

Have you ever been convicted of a DUI?

Yes _____ No _____

Have you ever been convicted for trafficking or possession of a controlled substances?

Yes _____ No _____

***** **If you answered yes to any of the above questions please explain on the back of this application** *****

Acknowledgement

I agree to all the rules and bylaws of the Elkins Pilots Club and the FARs. I also agree to be personally responsible for any accidents or incidents incurred while in non-compliance with the rules and bylaws of the Elkins Pilots Club and the FARs.

I certify that the above is true and correct.

Signature: _____

Date: _____