

VENICE FLYING CLUB, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Home Phone:
Work Phone:	Cell Phone:	Citizenship:
Email Address:		
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		Occupation:
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

EMERGENCY CONTACT

Name:		
Email:	Home Phone:	Cell Phone:
Address:		Work Phone:
City:	State:	ZIP Code:
Relationship:		

PILOT INFORMATION

Flying Hours (total):	Complex Yes / No, High Perf. Yes / No	Hours Last 6 months:
Time in club aircraft type: Type: _____, Hours: _____		
Certificates Held:	Medical Class:	Medical Due:
Date of last Flight Review:	Date of last flight:	Estimate of hours next year:

CLUB PARTICIPATION (OPTIONAL)

Previous Flying Club Experience:		
A&P:	CFI(I):	IA:
Position(s) interested in volunteering for (NOT required)	President/Vice President:	Treasurer:
Secretary:	Maintenance:	Records:
Social:	Advertising:	Webmaster:

SIGNATURES

I understand that the Venice Flying Club, Inc. Board of Directors and Membership determine my acceptance in the Club. If I am accepted I agree to adhere to the procedures and regulations as outlined in the Club's by-laws, rules & regulations and decisions set forth by the Board of Directors. **Please include copies of AOPA Pilot history form, driver's license, current medical, flight review endorsement and pilot certificate (both sides) with this application.** Email to Info@VeniceFlyingClub.Org or Mail to Venice Flying Club, C/O Mark Gatz 4503 McIntosh Lake Avenue, Sarasota FL, 34233

Signature of applicant:	Date:
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APPROVAL

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