



Freedom Flyers Aviation LLC

Membership Application

Name _____ Birth date _____

Address _____ Home Phone _____

City _____ Work Phone _____ Cell/Pager _____

State _____ Zip _____ Emergency name/phone _____

SSN _____ DL # _____ Pilot Certificate # _____

Occupation _____ Employer _____

How long? _____ Address _____ City _____

State _____ Zip _____ Email address _____ (for online scheduling)

Pilot History: License

ATP _____ COMM _____ PVT _____ Student _____ None _____

Ratings:

Instrument _____ CFI _____ CFII _____ MEI _____ Other _____

FAA Medical (Mo/Yr) _____ Date Last BFR _____

ASEL _____ Retractable _____ Multi _____ Jet _____ Other _____

Total Hours _____ HRS AS PIC _____ HRS Last 12 Months _____

Have you ever had an aircraft accident or incident, damaged and airplane; or been cited for a violation of the Federal Air Regulations, had your pilots license surrendered, suspended, or revoked; or been arrested for, or charged with, operating an aircraft or motor vehicle under the influence of drugs or alcohol? _____
(*If YES, please attach an explanation.)

Please list two personal character References:

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

If a Club Member has endorsed you, state his/her name.



Freedom Flyers Aviation LLC

Attach to this application a copy of your pilot certificate, your current medical certificate, the last page of your log book, and make your check payable to Freedom Flyers Aviation LLC in the amount of \$439 for your membership application and first months dues.

Have you ever been a member of a flying club? _____ if "Yes" please state the name of the club and name, address, and phone number of club officer that we may contact.

Please state name, address and phone where you have rented airplanes.

Please provide two financial References (required):

Bank name	Bank officer	Phone	Acct. Number
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Credit Card: (Visa, MasterCard, or American Express)

Name (as it appears on card)	Type	Exp. Date	Acct. Number
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How did you first hear about Freedom Flyers Aviation LLC?

I declare the above information is true and correct and I will abide by the bylaws, operating policies and procedures and any decision of the Board of Directors of Freedom Flyers Aviation LLC. I agree to pay for all goods and services charged to my account by the 10th of each month. I further agree if full payment on my account is not received by Freedom Flyers Aviation LLC by the 10th, I authorize Freedom Flyers Aviation LLC to charge the entire past due balance of my account to the credit card listed above. I understand that failure to pay for all goods and services, as required, will subject me to immediate suspension or revocation of my membership, as well as any collection action that Freedom Flyers Aviation LLC deems appropriate. Freedom Flyers Aviation LLC is authorized to check my credit, employment and flying history and to answer questions about Freedom Flyers Aviation credit and flying experience with me. I further understand that Freedom Flyers Aviation LLC may revoke my membership should I fail to comply with Freedom Flyers Aviations LLC directives, operating policies and procedures or any subsequent, duly approved, operating policies and procedures as they are published from time to time.

Applicants Signature _____

Date: _____

For Club Use Only

Date received _____ Board Review date _____ Action of the Board _____

Initiation date _____ Fee Paid _____ Directors Signature _____