Mitchell Flying Club Application

Please fill out this form and send it back to our club's vice president, Chris Depue at cdepue71@gmail.com
If you have any questions, please contact Chris at 816-200-3854.

Application Date: _____ Referred by: _____

Name: _____ Emergency Contact: _____

SS#: _____-_____-_____ Primary Phone Number: _____

Email Address: _____ Secondary Phone Number: _____

Address: _____City: _____ State: _____ Zip:_____

The following is required for our insurance policy.

Age: _____ Occupation: _____

Employer: _____

License Type: _____ Ratings: _____

Pilot License Number: _____
Drivers License Number: _____ State of: _____
Date Last Medical: _____ Date Last BFR: _____

Hours:
Conventional :_____
Constant Speed:_____
Retractable:_____
Multi-engine:_____
Sea Plane:_____
Pressurized: _____
Glider: _____
Turbine: _____
Roto: _____
Tail Wheel: _____
Total Hours: _____

Has applicant ever been arrested for DWI, DUI, C&I, or any other drug related offenses? _____Yes _____No

Has applicant had an aircraft accident or any violations of the FAR's? _____Yes _____No

If yes to questions above, please explain on reverse side of application.

I hereby authorize credit information for the undersigned to be released to the Mitchell Flying Club, Inc.
The undersigned hereby certifies that all of the above is true and accurate to the best of my knowledge.

_____
Signature of Applicant

For Office Use Only

Date of Membership: _____ Membership #: _____
Approved by Board of Directors on this _____ day of _____, 20_____.

_____ Cost of membership: _____
Officer