

Mitchell Flying Club Application

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

Application Date: _____ Referred by: _____
Name: _____ Emergency Contact: _____
SS#: _____ - _____ - _____ Relationship to Member: _____
Email Address: _____ Emergency Contact Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

The following is required for our insurance policy.

Age: _____ Occupation: _____
Employer: _____

Pilot License Type: _____ Ratings: _____

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

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