

DELTA AVIATION FLYING CLUB
Membership Application

1. Applicant Name: _____
Last First Middle

Address: _____
Street/Apt # City State Zip

Home Phone: () _____ - _____ Work Phone: () _____ - _____

3. Date of Birth: _____(mm/dd/yyyy) Social Security No.: _____ - _____ - _____

4. License(s) Held: ___Private ___Commercial ___A.T.P.

5. Rating(s) Held: ___ASEL ___ASES ___Instrument ___Multi-Engine
___CFI ___CFII ___ATP

6. Medical Certificate held: ___1st Class ___2nd Class ___3rd Class Date Issued: _____

7. License Number: _____ Date Issued: _____

8. Flight Experience Hours:
Total Flight _____
Total Dual _____
Total Solo _____
Total Instrument _____
Total Cross-Country _____
Total Night _____
Total High Performance _____
Total Multi-Engine _____
Total Time Past 90 Days _____

9. Date of last biennial flight review _____

10. Referred to Club by: _____

11. Your Reason for Joining this club: _____

_____ I have received a copy of the Delta Flying Club By-Laws.
Initial Here

I certify that this information is a true extract of pilot experience from my Log Book entries and credentials held by me as of this date.

Applicant's Signature

Date Signed