

**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: \_\_\_1<sup>st</sup> Class \_\_\_2<sup>nd</sup> Class \_\_\_3<sup>rd</sup> 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