

**SLEEPING GIANT FLYING CLUB
MEMBERSHIP APPLICATION**

Date _____ 20__

Name _____ Age _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Occupation _____ Employer _____

Spouses Name _____ E-Mail Address _____

Do you hold a current pilot=s license? Yes ___ No ___ If yes, please supply the following information.

Airman=s Certificate Number _____ Ratings held _____

Date of last medical _____ Date of last biennial _____

Brief history of flying experience (if any)

Total Time	Last 6 mo.	ASEL	AMEL	Retract	C S Prop	Tail Wheel	C-150	C-172	C-182

Have you ever had an aircraft accident or violation filed against you? Yes ___ No ___
If yes, explain:

How many hours per year do you plan to fly? _____

What type of flying? Weekend ___ Business ___ Cross Country ___ Other _____

How did you hear about the club? _____

Have you had an auto accident or moving violation in the past 3 years? Yes ___ No ___
If yes, explain:

I wish to join with current entry fee of \$ _____ and monthly dues of \$ _____. I have received a copy of the bylaws and the club regulations. I agree to abide by these rules and operating procedures to the best of my ability.

Applicant=s Signature _____ Date _____ 20__

OFFICIAL USE:

Payment form _____ Amount \$ _____

Approved by _____ Date _____ 20__