

LAKES REGION FLYING CLUB
APPLICATION FOR MEMBERSHIP _____

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone (h): _____ Phone (w): _____

_____ Email: _____

FAA Certificate No. _____ Private: Y N Commercial: Y N

Ratings (SEL, MEL, I, CFI, CFII, ATP): _____

FAA Medical Certificate Class & Expiration Date: _____

Dual Instruction: Received _____ If instructor, Given: _____

Pilot-in-Command: _____ Night: _____ Instrument: _____ PA-28: _____

Last Biennial Flight Review: _____ Last flight as PIC, SEL: _____

Have you been checked out in Piper PA-28-180? Y N

Any personal limitations/restrictions that you are aware of prior to check out in club aircraft? If none, write NONE: _____

Have you received a copy of the club by-laws and club operating rules? Y N

Deposit Amount of \$3,000 is enclosed Attach a copy of Medical Certificate, Private Pilot Certificate, and last 2 pages of logbook entries.

Upon acceptance of this Application by the LRFCL Directors, I agree to abide by the by-laws and operating rules of the Lakes Region Flying Club.

Signature of Applicant

Deposit Fee Received: \$ _____ Date _____

Application Approved:

Director Initialed

Brian Blackadar - *President* _____

Jeff Davis - *Vice-President* _____

Bob Stephens - *Ops Director* _____

Doug Schumacher - *Treasure* _____

Secretary Recorded: _____ Date: _____