

# **Sundowners Flying Club Application**



## **Documents for Membership**

- Drivers License
- Pilots License (both sides)
- FAA Medical/Basic Med
- Flight Review
- Birth Certificate or Passport

**New Member Fees (Due with application) \$2500+\$75 First Months Dues, \$50 Background check fee.....Total \$2625**

**I, \_\_\_\_\_, hereby authorize the Sundowners Flying Club to conduct a background check on my behalf. I understand that this check will include a criminal, credit, and driving record report. Acceptance is contingent upon the acceptable results of this check.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**First Name \_\_\_\_\_ Last Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Cell Phone \_\_\_\_\_ Email \_\_\_\_\_**

**Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_**

**Emergency Contact \_\_\_\_\_ Cell# \_\_\_\_\_**

**Relationship \_\_\_\_\_ Email \_\_\_\_\_**

## **Pilot Information**

**Date of Birth \_\_\_\_\_ Cert # \_\_\_\_\_ Last Medical \_\_\_\_\_**

**Medical Class \_\_\_\_\_**

**Last Flight Date \_\_\_\_\_ Last Flight Review \_\_\_\_\_**

**Certificate held. ( ) Student ( ) Private ( ) Comm ( ) ATP**

**Ratings. ( ) Inst. ( ) Multi ( ) CFI ( ) CFII ( )SEL ( ) MEL**

**Flying Time: Total \_\_\_\_\_ PIC \_\_\_\_\_ SEL \_\_\_\_\_ MEL \_\_\_\_\_ IFR/PIC \_\_\_\_\_**

**I warrant that the answers stated here are true and complete to the best of my knowledge and belief and that no material information has been withheld.**

**Failure to pay monthly fees will result in 2%/month charge after 90 days on the amount owed. The account will be turned over to a collection agency.**

**How did you learn about Sundowners Flying Club? \_\_\_\_\_**

**What is your primary interest in being a member of our club? \_\_\_\_\_**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

