

HILLSBORO FLYING CLUB MEMBERSHIP APPLICATION

12363 NW Jackson Quarry Rd. · Hillsboro, OR 97124-8121 · 503-647-7701

www.hillsboroflying.org

Date _____ Date of Birth _____
Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Cell Phone _____
State/ZIP _____ Occupation _____
E-mail Address _____ Employer _____
Driver's License Number & State _____

Do you hold a pilot certificate? Yes No

If yes, please fill out the following information:

Pilot Certificate Number _____ Date of Last Medical _____

Ratings held _____

Total Time _____ Time past 12 months _____

Brief history of flying experience: _____

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

What type(s) of flying? Weekend Weekday Cross-country Other _____

Who referred you to the club or how did you hear about us? _____

Have you ever had an aircraft accident or any FAA violation filed against you? Yes No

If yes, give date(s) & explain: _____

Have you ever been convicted of any crime? Yes No

If yes, give date(s) & explain: _____

Have you had any auto accident, traffic tickets, or Driving Under the Influence of Intoxicants (DUI) charges filed against you in the past three years, or have you ever had your driving privileges suspended or revoked? Yes No

If yes, give date(s) & explain: _____

I wish to join the I (Cessna 172), II (adds Cessna 182), or III (adds Beech Debonair) Membership Level for a total cost of \$_____ and current monthly dues of \$_____. I have read the Club Bylaws and Regulations. I agree to abide by these rules and operating procedures to the best of my ability. I understand that aircraft fleet composition, dues, and rates may change when the Board deems it appropriate. I may terminate my membership at any time by providing 30 days' written notice.

Signed _____ Date _____

Board of Director's use only: Approved Denied Membership Number _____

Reviewed and Recorded Driver's License Pilot Certificate Medical Flight Review

Considered By: _____

Payment form (or reason for denial): _____