

Schaumburg Flying Club Membership Application

Basic Information:

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, State, Zip _____ E-mail address: _____

Certificates: Private Comm ATP CFI CFII MEII
Ratings: Instrument Multi-Engine
Other Certificates or Ratings: _____

Experience:

Total Time: _____ Total Time in Last 12 Months: _____
Total Time any C182: _____ C182S: _____ C172: _____
Total Complex Time: _____ Total High Performance Time: _____ Total Multi-Time: _____
Total Instrument Time: _____ Total Night Time: _____ Total Cross Country Time: _____

Currency:

Date of next required Flight Review: _____
Date of Medical Expiration: _____
Date you will last meet requirements for passenger currency during the day: _____
Date you will last meet requirements for passenger currency at night: _____
Date Instrument currency expires: _____
If you participate in the FAA Wings Program, please list last phase and completion date: _____

Miscellaneous:

What type of flights do you like to take (e.g. short "\$100 hamburger" hops, extended week long trips)? _____

Do you think you'll fly the club's C172 or C182 more? Why? _____

Terms of Application:

Signing this document signifies you have read and agree to comply with the Club's bylaws, rules and regulations. To complete your application please include copies of your medical certificate, pilot's certificate, the last page of your logbook, and a copy of your high performance endorsement (if applicable). This information can be brought to any club meeting, or it can be sent to the Schaumburg Flying Club, 1472 Blue Heron Dr. Crystal Lake, IL 60014

Signature: _____ Date: _____

Questions? Contact

Angus at angus.watson@comcast.net

Or

Gene at skiwoods@hotmail.com or (815) 342-1023 (cell)