

Purdue Pilots, Inc. Membership Information Form

Date _____
(Month) (Date) (Year)

Name _____
(Last) (First) (Middle)

Home Phone _____ Work Phone _____

Email _____

Street Address _____

City _____ State _____ ZIP _____

Certificate # _____ D.O.B. _____
(MM/DD/YYYY)

Medical Class _____ Medical Date _____
(MM/DD/YYYY)

Last Flight Review _____ Last Flight in PPI Aircraft _____
(MM/DD/YYYY) (MM/DD/YYYY)

Licenses / Ratings (Circle all applicable)

Student Private Pilot Commercial ATP Instrument Multi CFI CFII MEI

Emergency Contact _____ Relationship _____

Work or Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Work or Home Phone _____ Cell Phone _____

Purdue Pilots, Inc. Liability Release Form

I, _____
(print name), a student, staff, or faculty member of Purdue University at its West Lafayette, Indiana campus, or the spouse of a student, staff, or faculty member of Purdue University at its West Lafayette, Indiana campus, and a member of Purdue Pilots, Inc., an approved university organization, do hereby release the Trustees of Purdue University and all or any officers of said Purdue University, said organization or any member of members of said organization of any responsibility or liability in case of personal injury sustained by me or damage to others caused be me during or because of participation in the activities of said organization.

Signed _____

Date _____
(Month) (Date) (Year)

Purdue Status (Circle Once): Student Staff Faculty Spouse

Purdue ID Number _____ Age _____

Campus Address _____

Campus Phone _____

Permanent Address _____

City _____ State _____ ZIP _____

Permanent Phone _____

If the member is under 18 years of age, this form must be signed by a parent or guardian.

Parent or Guardian Signature

Date _____
(Month) (Date) (Year)