



Bald Eagle Flying Club

Membership Application

Applicant Information

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Citizenship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

Applicant FAA Information

Do you have a current FAA Medical?: _____

If yes, please provide the class and expiration date: _____

Do you hold any FAA certificates (including a Student Pilot)? _____

If yes, please provide all applicable details:

If a Student Pilot, please provide the following:

Date of First Flight: _____ Date of Most Recent Flight: _____

Current Instructor: _____ Current Flight School: _____

Current Dual Received Hours: _____ Current Solo Hours: _____

Current Cross-Country Hours: _____ Total Hours: _____

Do you have any Applicant Suspensions and Violations?

FAA Suspension Details:

Moving Violations Details:

Other Information

How did you hear about the Club? _____

Did a current member refer you? _____

Why do you wish to join the club? _____

