## NORTHERN VA FLYING CLUB, INC

## Manassas, VA

## **Membership Application**

<b>I.</b> Name			
Address			
City	State_	Zip	
Telephone(home)	/(V	/ork)/	
Cell Phone/	e-mail:		
Occupation			
I <b>I.</b> License type		Number	
Ratings			
Instructor ratings			
Certificate number		_Date	
Hours: Total			
Const. Speed Prop	Retract		
Multi. Engine	Night	Instrument	
Solo/PICC	essna 182	Cessna 172	
Cross-country	As Instru	ictor	
III. Birth date	Place	US Citizen?	
Date of Last Medical		Class	
Date of Last Flight Re	eview		
Date of Last Proficier	ncy Check		

IV. Last Wing	s program level achieved?	Date	
If "Yes" to any	y of the questions below (V – IX), Atto	ach Explanation	
V. Do you hav	ve any waivers, limitations conditior	ns, attached to your medical certificate.	
VI. Has your F	Pilot's certificate ever been revoked	or suspended? Yes/No	
VII. Have you	u ever been cited for any violation o	of the FARs? Yes/No	
VIII. Have yo	ou ever been involved in an aircraft a	accident? Yes/No	
IX. Have you Yes/No	ever been convicted of or pleaded g	guilty to a felony or for drunken driving?	
<b>X.</b> Provide two	o personal references including Nan	nes, addresses, and Telephone #'s (pilots	
1)			
2)		<del></del>	
Club Informat	tion		
maintained, re their time and		·	eeı
		i, would you accental	
How many ho	ours per month of your time can you	commit to giving the Club?	
In which areas	s of Club operation would you like to	o donate your time:	
Aircraft	Maintenance Finance/Account	ting Leadership	
Social	Membership Programming	g Newsletter Administrative	
Safety	Long Range Planning		

I, the undersigned, do hereby apply for membership in the Northern Virginia Flying Club, Inc. and hereafter referred to as the "Club"). I understand that the Club is a non-profit organization incorporated under the laws of the Commonwealth of Virginia. I agree to adhere to the rules and regulations of the Club and be governed by them while exercising my privileges as a Member. I specifically acknowledge having read the Club ByLaws and Flight Operations documents and I have satisfied any questions related to these rules and operational guidelines of the Club.

I also understand that I shall forfeit my privileges as a Member if Club aircraft are flown or operated by me, or permitted to be flown or operated by me, either on the ground or in the air, in violation of Federal Aviation Regulations or Club Rules and Regulations; and that I operate aircraft owned or controlled by the Club without personal liability of the Club or its Members; and that any passengers carried while I am in command of Club aircraft shall at no time be at the risk of the Club or any other of the Members.

I authorize the Club to contact credit and/or flying references in the attempt to determine my suitability for membership. I also understand that my initial six months of membership are probationary in nature and that my membership may be terminated with refund of initiation fee and any deposit(s) during that period.

Date ( <u>D/M/Y</u> ):/
Important: Please attach a copy of your Airman's Certificate, photo ID and Current Medica

Signature of applicant: