

Elk Flyers, Inc.

161 Cessna Rd.
St. Marys, PA 15857

Membership Application

Please accept my application for membership in Elk Flyers, Inc. The following is truthful to the best of my knowledge.

(Fill in this application form completely. If an item does not pertain to you, please enter N/A in the space provided.)

Name _____ Home Phone (____) ____-_____
Last First Middle

Address _____ Work Phone (____) ____-_____
Street City State Zip Code

Age ____ Sex ____ Date of Birth ____/____/____ Place of Birth _____
 E-mail Address _____

Marital Status: Married ____ Single ____ Emergency Phone (____) ____-____ Emergency Name _____
 Height _____ in. Weight _____ lbs. Color of Hair _____ Color of Eyes _____
From To

Employers Name _____ Occupation _____
 Previous Employers _____ Occupation _____
 Previous Employers _____ Occupation _____
 Previous Employers _____ Occupation _____

Note: Our insurance carrier will not insure anyone who has been convicted of a DUI within the last 36 months. Without insurance coverage you will not be allowed to use Elk Flyers aircraft.

Drivers License Number _____ State _____ Expatriation Date ____/____/____
 Arrests/convictions _____ Date ____/____/____
 within the last 5 years: _____ Date ____/____/____
 _____ Date ____/____/____

Certificates/Endorsements/Ratings

- Student Expires ____/____/____
- Private _____
- Commercial _____
- Airline Pilot _____
- Instrument _____
- Night _____
- Instructor Expires ____/____
- Single Eng. – Land ____ Sea ____
- Multi-Eng. – Land ____ Sea ____
- Center Line Thrust _____
- Tail Wheel _____
- Helicopter _____
- Mechanic – Airplane _____
- Date Issued ____/____/____
- Inspection Authorization _____
- Medical Certificate Class _____ Expires ____/____
- Radio Telephone Permit Issued ____/____/____

- Power Plant ____/____/____
- Type Ratings _____
- Date Issued ____/____/____
- Date Issue ____/____/____
- Date Issued ____/____/____
- Other(Specify) _____

Personal/Professional References _____

Flight Experience

Date First Solo ____/____/____ Total Hours To Date _____

	<u>Instruments</u>						
	SEL	MEL	Actual	Hood	Dual	Solo	PIC
Day							
Night							
Tail Wheel							
Total							

I hereby authorize Elk Flyers, Inc. to check the authenticity of the information provided on this form, and to contact the individuals/firms that I have noted above to perform a background check

Signature _____ Date ____/____/____