CENTER 'O' FLYING CLUB

APPLICATION FOR MEMBERSHIP

NAME _____ BIRTH DATE _ _ /_ _ /_ _ _ _

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _ _ _ _ _ - _ _ _ _

PHONE: PRIMARY (_ _ _) _ _ _ - _ _ _ _ SECONDARY (_ _ _) _ _ _ - _ _ _ _ EXT _ _ _ _ _

DRIVERS LICENSE NUMBER _____ STATE _____ EXPIRES _____

1. Why do you want to join the Center O Flying Club? _____
_____

2. List the names and phone numbers of three references. (a) _____
(b)_____(c) _____

3. Do you have an effective pilot certificate and medical certificate? ( ) YES ( ) NO

4. Has your pilot certificate ever been surrendered, suspended, or revoked? ( ) YES ( ) NO

5. Have you had an alcohol conviction in the past 7 years? ( ) YES ( ) NO

6. Have you used any illegal drugs in the past 7 years? ( ) YES ( ) NO

7. Have you had an automobile driver's license suspended or revoked? ( ) YES ( ) NO

8. Have you been involved in any aircraft accident, incident, or claim? ( ) YES ( ) NO

9. Have you been arrested for or charged with operating a motor vehicle or aircraft under the influence of alcohol or drugs? ( ) YES ( ) NO

10. Have you ever been convicted of a felony? ( ) YES ( ) NO

11. Have you been convicted of, or pleaded guilty or no-contest to, a felony crime or misdemeanor, other than a traffic violation? ( ) YES ( ) NO

12. The Center 'O' Flying Club requires all members to pay the **FIRST $1,000.00** in damages when the pilot is at fault. Will you comply with this? ( ) YES ( ) NO

13. Have you received and read and agree to abide by the Center 'O' Flying Club's Rules of Operation and By Laws? ( ) YES ( ) NO

14. Please provide your logged flight time as appropriate. Total Time _____

Cessna 172 _____ Cessna 182 _____ Other: _____

15. Endorsements: High Performance ( ) YES ( ) NO Complex ( ) YES ( ) NO

Date _____SIGNED _____

OVER

TO COMPLETE THIS APPLICATION, ATTACH COPIES OF THE FOLLOWING:

(1): WA DRIVERS ABSTRACT. Obtained from the Department of Licensing.

(2): PILOTS CERTIFICATE / RATINGS

(3): AVIATION MEDICAL CERTIFICATE

(4): FLIGHT REVIEW

E-MAIL TO:

Center O Flying Club cenofly@gmail.com

OR MAIL TO:

CENTER 'O' FLYING CLUB

PO BOX 14902

TUMWATER, WA 98511-4902

After your application has been received, a board member will contact you with information about upcoming board meeting dates, times, and locations. You will need to attend a board meeting to meet the board members. At that meeting, the board will review your application and conduct a brief interview. The board will then make a decision about whether you have been accepted as a club member. If you are accepted as a club member, your name will be given to members desiring to sell their memberships. You will also be informed of the membership purchasing process.

If you have any questions about this application, please call:

Steve Kollmansberger, Club Secretary 360-550-0836 steve@kolls.net

Dave Gordon, Club President 360-259-8357 d_l_gordon@comcast.net

Stan Lubinus, Club Treasurer 360-880-0703 swlubinus@hotmail.com

And thank you for your interest in the Center 'O' Flying Club!