



# Membership Application

## PILOT INFORMATION

Name: \_\_\_\_\_  
 Home street address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Tenure: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_  
 Business Telephone: (\_\_\_\_) \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_  
 Pilot Certificate #: \_\_\_\_\_  
 Ratings held: \_\_\_\_\_  
 Date current certificate issued: \_\_\_\_\_  
 Date original certificate issued: \_\_\_\_\_  
 Medical certificate class: \_\_\_\_\_  
 Medical certificate expiration date: \_\_\_\_\_  
 Medical certificate restrictions: \_\_\_\_\_  
 Pilot certificate ever suspended or revoked?  Yes  No  
 Driver's license suspended/revoked in past 3 years?  Yes  No  
 Charges or convictions for DUI/DWI in past 3 years?  Yes  No  
 If the answer to any of the above 3 questions is "yes", please explain, on a separate page, any accident, incident, enforcement, or conviction.

### In Case of Emergency, Notify:

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_  
 Relationship \_\_\_\_\_

## FLYING EXPERIENCE

I have no flying experience yet:  (If so, skip this section)  
 Started flying in year: \_\_\_\_\_  
 Total flight hours: \_\_\_\_\_  
 Total PIC hours (exclude student solo): \_\_\_\_\_  
     Past 6 months: \_\_\_\_\_  
     Past 12 months: \_\_\_\_\_  
     Past 24 months: \_\_\_\_\_  
 Total cross-country hours: \_\_\_\_\_  
 Total instrument (actual+hood+sim) hours: \_\_\_\_\_  
 Total night hours: \_\_\_\_\_  
 Total complex hours: \_\_\_\_\_  
 Types/class aircraft flown: \_\_\_\_\_  
 \_\_\_\_\_  
 Previous member of a flying club?  Yes  No  
 If "Yes", club name: \_\_\_\_\_  
     Contact person: \_\_\_\_\_  
     Telephone: (\_\_\_\_) \_\_\_\_\_  
 Types/class aircraft flown: \_\_\_\_\_

### Expected use of club aircraft: (Check all that apply)

Type of flying:  Local flights for training and pleasure  
 Cross-country trips for pleasure  
 Business-related flying  
 When:  Weekdays  
 Weekends

Estimated yearly flying hours: \_\_\_\_\_

### Aviation references: (CFI, partner, etc.)

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

The above application, including any attached additional information, is submitted to the Rochester Flying Club, Inc. for membership consideration. I certify that the information provided is true and complete. I understand that the Rochester Flying Club will query DMV and FAA public records to validate incident, accident, enforcement, and conviction history. If accepted as a member of the Rochester Flying Club, I agree to abide by the club bylaws, rules, and procedures, and satisfy financial obligations promptly as billed. I agree to actively participate in and support club affairs and, from time to time, act in a position of responsibility or leadership in club operations. This agreement remains in effect during the term of my membership in the Rochester Flying Club.

#### RFC USE ONLY

Member #: \_\_\_\_\_ Class: \_\_\_\_\_  
 Start date: \_\_\_\_\_ Review date: \_\_\_\_\_  
 Init payment: \_\_\_\_\_ Mentor: \_\_\_\_\_

Applicant signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Email: \_\_\_\_\_