

## Wisconsin Fun Flyers Club Membership Application

### Applicant Information

Name:	
Address:	
Phone:	Email:
Emergency Contact	Phone:

### Pilot Information

Total Hours:	Last 12 Months:	Complex:	Tail Wheel:	Multi:
Time in Make & Model - C172:				
Certificates Held:			Medical Class:	
Medical Due:			BFR Due:	

Have you been (check all that apply):

In any aircraft accidents or incidents	___Y	___N	
Charged with violation of FAA regulations	___Y	___N	
Been charge with a DUI in the last 5 years	___Y	___N	
Issued moving traffic citations in the past 5 years	___Y	___N	

Please explain any yes answers.

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Please include copies of current medical and pilot certificate with this application.

I understand that the Board of Directors and the membership of the Wisconsin Fun Flyers Flying Club Inc. determine my acceptance in the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club's by-laws, membership rules and decisions set forth by the Board of Directors.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approval: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_