

Gulf Shores Flying Club, Inc., MEMBERSHIP APPLICATION  
 1316 W. Beach Blvd.  
 Gulf Shores, AL 36542

APPLICANT INFORMATION

FULL NAME:

DATE OF BIRTH:

STREET:

EMAIL:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

CITIZENSHIP:

MEMBERSHIP TYPE:

MEMBER

ASSOCIATE

CERTIFICATES, RATINGS & ENDORSEMENTS

AIRMAN'S CERTIFICATE NUMBER:

DATE ISSUED:

CERTIFICATES	RATINGS	ENDORSEMENTS
	SEL	COMPLEX
	MEL	TAILWHEEL
PRIVATE	INSTRUMENT	HIGH PERF
COMMERCIAL	SES	
CFI	MES	
CFI-I	OTHER	
ATP		

FLIGHT EXPERIENCE

	TOTAL TIME	LAST 90-DAYS	LAST 12-MONTHS	
ALL AIRCRAFT				
SINGLE ENGINE LAND				
Club a/c make/model				

CURRENCY DETAILS

DATE OF LAST FLIGHT REVIEW:

DATE OF LAST MEDICAL:

CLASS OF MEDICAL OR BASICMED:

RESTRICTIONS (E.G. LENSES, NO NIGHT FLIGHT, etc.):

STATEMENTS OF VIOLATIONS & ACCIDENTS		
HAVE YOU EVER HAD A VIOLATION OR ACTION AGAINST YOUR PILOT CERTIFICATE?	YES	NO
HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT OR INCIDENT INVOLVING AIRCRAFT, REPORTED OR NOT?	YES	NO
HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR ARE YOU UNDER INVESTIGATION FOR ANY CRIME?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF ANY DRUG RELATED ACTIVITIES, INCLUDING DUI?	YES	NO
HAVE YOU HAD ANY ROAD ACCIDENTS IN THE PAST 5-YEARS?	YES	NO
HAVE YOU EVER BEEN DENIED INSURANCE OF ANY KIND?	YES	NO
HAVE YOU EVER FILED AN AVIATION INSURANCE CLAIM?	YES	NO
IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPAIN IN DETAIL HERE OR ON A SEPARATE PAGE, AND ATTACH TO THIS APPLICATION.		
ACKNOWLEDGMENT		INITIALS
I HAVE READ AND UNDERSTAND THE BYLAWS AND OPERATING RULES. I AGREE TO ABIDE BY ALL RULES, REGULATIONS AND PROCEDURES OF THE CLUB, THE FAA AND ALL OTHER AGENCIES. I AGREE TO SIGN AND ABIDE BY THE WAIVER AND RELEASE AGREEMENT.		
I AGREE THAT I WILL NOT USE CLUB AIRCRAFT FOR ANY COMMERCIAL, BUSINESS, OR ILLEGAL ACTIVITIES.		
I AGREE TO PAY ALL ASSESSED DUES AND FEES AS REQUIRED BY THE CLUB BYLAWS AND OTHER RULES AND REGULATIONS AND UNDERSTAND THAT FAIURE TO DO SO WILL RESULT IN LOSS OF CLUB PRIVILAGES AND POTENTIAL TERMINATION OF MEMBERSHIP.		
I UNDERSTAND THAT I MAY TERMINATE MY MEMBERSHIP OF THE CLUB BY GIVING THIRTY DAYS NOTICE TO THE SECRETARY.		

I UNDERSTAND THAT IF I AM FOUND LIABLE FOR DAMAGES TO CLUB AIRCRAFT OR EQUIPMENT DUE TO NEGLIGENCE, I WILL BE HELD RESPONSIBLE FOR THE INSURANCE DEDUCTIBLE AND OTHER COSTS ASSOCIATED WITH THE CLAIM RESULTING FROM THAT DAMAGE.	
SIGNATURE OF ACKNOWLEDGEMENT AND ACCEPTANCE:	DATE:

APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE PARENT OR GUARDIAN APPROVAL		
NAME:	RELATIONSHIP:	
SIGNATURE:	DATE:	
PREVIOUS FLYING CLUB EXPERIENCE		
HAVE YOU EVER BEEN A MEMBER OF A FLYING CLUB?	YES	NO
IF YES, PROVIDE CLUB NAME AND CONTACT INFORMATION:		
EMERGENCY CONTACT		
PLEASE PROVIDE DETAILS OF A CONTACT WE MAY USE IN CASES OF EMERGENCY:		
NAME:	RELATIONSHIP:	PHONE NUMBER: