

**CARLISLE FLYING CLUB INC.**  
**PO BOX 275**  
**CARLISLE PA 17013-0275**

*APPLICATION FOR MEMBERSHIP*

Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street/box) (city) (state) (zip)

Telephone \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(home) (work) (cell)

E-mail address \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Pilot Certification type \_\_\_\_\_ # \_\_\_\_\_  
(private,comm,cfi,atp)

Category ratings \_\_\_\_\_  
(airplane,rotor,glider)

Class ratings \_\_\_\_\_ IFR rating Yes ( ) No ( )  
(SEL,MEL,SES,MES)

Total hours \_\_\_\_\_ Last six months \_\_\_\_\_ in C-172 \_\_\_\_\_

Date last medical \_\_\_\_/\_\_\_\_/\_\_\_\_ Class \_\_\_\_\_ Date last BFR \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had any aircraft accidents or violations? Yes ( ) No ( ) If yes, furnish details.

Have you ever been convicted for violation of any federal or state statues relating to narcotics, depressants, marijuana, DUI, etc? Yes ( ) No ( ) If yes, furnish details.

Has your airman medical ever been denied or revoked? Yes ( ) No ( ) If yes, furnish details.

Have you ever been a member of a flying club or an aircraft owner? Yes ( ) No ( ) If yes, furnish details.

References:

\_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_  
(name) (address) (phone)

Sign \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_