

VANCOUVER PRIVATE FLYING CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Home Phone:

Cell Phone:

Work Phone:

Home Address:

City:

Province:

Postal Code:

Email:

Occupation:

Employer:

Work Address:

City:

Province:

Postal Code:

PILOT FLYING INFORMATION

Date of Birth:

Pilot Licence #:

Last Aviation Medical:

Medical Category: Category 1

Category 3

Category 4

Please check applicable ratings or endorsements:

Private

REC

Commercial

UL

ATP

Night

IFR

Multi

OTT

Float

Instructor

PILOT HOURS

	TYPE	PIC	DUAL	TOTAL
Lifetime Hours	ALL AIRCRAFT			
	THIS MAKE AND MODEL (Piper PA-28-151)			
	HELICOPTER			
	FLOAT			
	MULTI-ENGINE			
	TAIL WHEEL			
	RETRACT			
	CONSTANT PROP			
	TURBO			
	Last 3 Months	ALL AIRCRAFT		
THIS MAKE AND MODEL (Piper PA-28-151)				
Last 12 Months	ALL AIRCRAFT			
	THIS MAKE AND MODEL (Piper PA-28-151)			

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PILOT HISTORY		TRAINING DETAILS	AIRCRAFT MAKE/MODEL	TOTAL HOURS COMPLETED
LICENSE LIMITATIONS OR CITATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DUAL INSTRUCTION		
AVIATION ACCIDENTS OR CITATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTT		
AVIATION CLAIMS LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IFR		
IF YES, EXPLAIN:		GROUND SCHOOL		
		NIGHT		
		INSTRUCTOR CLASS		
		FLOAT		

EMERGENCY CONTACT

Name of Emergency Contact:

Address:	Phone:
City:	Province:
	Posta Code:

Relationship:

FLIGHT SCHOOL INFORMATION

Name of Flight School where you graduated from:

Flight School Address:

City:	Province:	Postal Code:
CFI Name:	CFI Cell Phone:	

REFERENCE 1

Name:

Address:

Cell Phone:	E-mail:	Relationship:
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REFERENCE 2

Name:

Address:

Cell Phone:	E-mail:	Relationship:
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REFERENCE 3

Name:

Address:

Cell Phone:	E-mail:	Relationship:
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WAIVER

In consideration of the Vancouver Private Flying Club's acceptance of my application for membership and granting permission to fly its aircraft as pilot, whether dual or solo, I accept all risk and responsibility of my personal safety. I release the Vancouver Private Flying Club from all claims and actions that might arise therefrom. I also authorize the verification of the information provided on this form as to my flying history and references. I have received a copy of this application.

Signature of applicant:	Date:
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