

**VALLEY PILOTS FLYING CLUB, INC.**

**P.O. Box 2242  
Martinez, CA 94553**

**MEMBERSHIP APPLICATION**

In consideration of the accompanying fee, I hereby apply for membership in Valley Pilots Flying Club. I agree to do my share in the operation and upkeep of Club Aircraft and equipment. I further agree to pay for damages to Club property caused by my negligence. I understand that all new members are on a probationary status for the first 90 day's, and that, in the event this application is refused, or the probationary period not successfully completed, the fees paid will be refunded to me less any money I owe the club. I certify all the information given below to be factual.

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

**Personal Data (please Type or Print)**

Full Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Home Address: \_\_\_\_\_ (Zip): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (Zip): \_\_\_\_\_

Type of Business \_\_\_\_\_ Occup/Posit: \_\_\_\_\_

Pilot Certificate No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Additional Ratings: \_\_\_\_\_

Medical Certificate Class: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Total Flight Time (hrs): \_\_\_\_\_ In Type: C-150 \_\_\_\_\_ C-172: \_\_\_\_\_

C-182: \_\_\_\_\_ Retractable: \_\_\_\_\_ Other(Specify): \_\_\_\_\_ Last BRF Date: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Number of Accidents or Suspensions: \_\_\_\_\_  
(Describe on the back of this form)

\_\_\_\_\_  
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(Club Use Only) Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_

Introduced by: \_\_\_\_\_ Board Action: \_\_\_\_\_  
Notified Date \_\_\_\_\_ Mailing List \_\_\_\_\_ Ledger \_\_\_\_\_