

# Greater Flint Pilot's Association Inc.

## Membership Application



### Member Contact Information

Full Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 SS# \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Since \_\_\_\_\_

Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_

(Please add [trudy.anderson@comcast.net](mailto:trudy.anderson@comcast.net) to your email address book so you may receive invoices)

Referred to GFPFA by \_\_\_\_\_  
 (e.g. "web", "word of mouth", "GFPFA member")

Provide the name of someone else in the Flint area who is likely to know about your cross-country flying plans:

\_\_\_\_\_ Phone \_\_\_\_\_

Provide the name of two other personal references who can vouch for your character and credit worthiness:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_

### Flight Experience

Licensed Pilot ( ) Ratings \_\_\_\_\_  
 Student Pilot ( ) Flight Limitations \_\_\_\_\_  
 Sponsored Member ( ) Date 1<sup>st</sup> License Issued \_\_\_\_\_  
 Medical Class & Date Issued \_\_\_\_\_  
 Biennial Date \_\_\_\_\_ Instructor \_\_\_\_\_  
 Last FAA Flight Exam \_\_\_\_\_ Examiner \_\_\_\_\_

Types of Aircraft	Total Hrs.	Last 90 Days	Last 12 Mo.	12 Mo. Local	Estimated X-C
Cessna 172	_____	_____	_____	_____	_____
Cessna 182	_____	_____	_____	_____	_____
Piper 181	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____
Total Hrs. All Types	_____	Instrument _____	_____	Retractable _____	_____

Flight instructor(s) name and indicate when you last flew with them. Students list intended Instructor:

\_\_\_\_\_

Why do you want to join GFPFA? \_\_\_\_\_

What advanced ratings might you pursue? \_\_\_\_\_

### Personal History

Please answer the following questions. If you answer yes, provide a detailed explanation on a separate sheet.

\_\_\_\_\_ Do you expect you might ever want to fly a GFPFA aircraft outside of the Continental United States?

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\_\_\_\_\_ Have you ever been involved in an aircraft accident or incident, had an insurance claim, or been accused of an FAR violation? If yes, please explain:

\_\_\_\_\_ Have you ever been denied aviation insurance or an FAA medical certificate, or had any kind of aviation insurance canceled?

\_\_\_\_\_ Have you ever had your pilot's or driver's license surrendered, suspended, or revoked, or been arrested for, or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol? If yes, please explain:

\_\_\_\_\_ Have you ever been convicted of, pleaded guilty or no contest to, any felony or misdemeanor other than parking violations? This would include moving traffic violations. If yes, please explain:

\_\_\_\_\_ Have you ever been convicted of any other type of criminal offense?

### Membership Agreement

I hereby understand that GFPA is a non-profit organization and to hold flying costs to the lowest possible cost to me, I will do my part in maintaining a clean aircraft fleet. I will treat it like my own because it is.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm that the statements made on this application are true and complete and I authorize GFPA to request and obtain verification of any of the information herein requested.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I will adhere to all parts of the FAR's and GFPA By-laws and understand that any violation of either the FAR's or the GFPA By-laws may result in my immediate release from GFPA; if so moved by the Board of Directors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Checking the box to the left and signing here gives the officers of GFPA permission to conduct a background and credit check on me. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy, read, and understand all parts of the Constitution and By-laws pertaining to the Greater Flint Pilot's Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

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### Verification – Board Use Only

Application \_\_\_\_\_  
Fees \_\_\_\_\_  
References \_\_\_\_\_  
Orientation \_\_\_\_\_

License ( )  
Medical ( )  
Biennial ( )