



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 to your email address book so you may receive invoices)

Referred to GFPA by _____
 (e.g. "web", "word of mouth", "name of GFPA 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 1st 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	_____	_____	_____	_____	_____

Greater Flint Pilots Association Inc.
Membership Application



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 GFPA? _____

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 GFPA aircraft outside of the Continental United States?

_____ 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 includes any moving traffic violations within the past 10-years. 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: _____

I consent to a background and credit check on me.

Signed: _____ Date: _____

I acknowledge that I will be required to possess a current insurance policy which provides a minimum of \$10,000 Aircraft Damage Liability (ADL) for coverage of damage to Association aircraft.

Signed: _____ Date: _____

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

Signed: _____ Date: _____ Witnessed: _____ Date: _____

Verification – Board Use Only

Application _____ License ()

Fees _____ Medical ()

References _____ Biennial ()

Orientation _____