



Flying Club, Inc.

Application for Active Membership

West Michigan

Name _____ <small>(exactly as it appears on your driving license)</small> Address _____ City _____ State _____ ZIP _____ Phone _____ Email address _____	Date of Birth _____ Employer _____ Occupation _____ Work Phone _____ Extn. _____ Social Security No. _____ Drivers License No. _____
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Reference #1 _____	Phone _____
Reference #2 _____	Phone _____
Reference #3 _____	Phone _____
Pilot ratings currently held: (check all that apply)	
None ___ Student ___ Private ___ Instrument ___ Commercial ___ CFI ___ CFII ___ ATP ___	
Airplane ___ Seaplane ___ Single Engine ___ Multi-Engine ___ Glider ___ Helicopter ___ Balloon ___	
Approx. hours by Rating and Type _____	
Medical certificate expiration date _____	B.F.R. expiration date _____
Have you ever been involved in an aviation accident? Yes ___ No ___ If "Yes" provide details on reverse side.	

I hereby apply for membership in the West Michigan Flying Club, Inc. I understand that in order to join the Club as an Active Member, I must:

(a) pay \$500.00 total for stock purchase and application fee, (all fully refundable upon leaving the club);
 and (b) pay a non-refundable initiation fee of \$250.00 for the "initial" aircraft.

I understand that I must also pay non-refundable initiation fees of \$200.00 each for any other club aircraft that I want to fly.

I understand that by purchasing and holding the said shares of Corporate Stock, I agree to uphold and abide by the By-Laws and Rules of the West Michigan Flying Club, Inc. as a Member in good standing.

I understand this application will be voted on by the Club Membership, and I will be allowed to join the Club only with the majority approval of the Active Members attending the meeting when my application is voted upon.

I hereby give my permission to the West Michigan Flying Club, Inc. to fully develop the information given by me on this application. I understand that my credit history and my automobile driving record may be investigated, and the references given by me may be contacted, and that I hold them harmless for any information which they provide to the Club.

I certify that I have never been, nor am I presently, under treatment for alcoholism, drug addiction or mental illness.

I certify that all the information I have supplied on this application is true and complete to the best of my knowledge.

Signed _____ **Date** _____

Mail this application along with:

(a) a \$50.00 deposit check, made payable to W.M.F.C. (non-refundable unless the application is rejected)
 And (b) a copy of the applicant's automobile driver's record (** see below) , to the Secretary:

Kurt Kettelhut, Secretary, West Michigan Flying Club, 810 Mills Ave., N. Muskegon, MI 49445

**** Note: The applicant must obtain his or her own drivers record. This can be done by contacting the Michigan Secretary of State Commercial Lookup Unit, (517) 322-1624 and ordering the record using a credit card, or, via the Internet at www.michigan.gov/sos/ where a form BDVR-153 can be downloaded and faxed or mailed back. If the drivers record does not accompany this application, but has been ordered and will be sent to the Secretary later, check here _____**