

APPLICATION FOR MEMBERSHIP

Date

THE FLYING 64TH, INC.
P. O. BOX 5652
OAK RIDGE, TENNESSEE 37831

First Name

Last Name

Address

City

TN

Zip Code

Phone
number

Cell Phone

One-time membership fee : \$1000.00

Monthly member dues : \$40.00

Semi-annual airport user fee : \$12.00

Employor

Phone
number

Driver Lic

Us Citizen

Your Email

Date of
Birth

If you have any special non-flying skills which might be of benefit to the Corporation, please indicate (e.g., electronics, airframe and /or engine repair, etc.):

Pilot Status and Experience: Check appropriate ratings and flight time.

Instructor

Commercial

Private

Instrument

Student

Indicate approximate number of hours:

Pilot in Command

Cross-country

Instrument

Night

Total hours as pilot-in-command in last 6 month

Have you ever been involved in an aircraft accident?

If so, please explain with date, location, aircraft type, nature of accident, review, conclusion, etc.

If you have been involved as driver in an automobile accident which resulted in extensive property damage and/or serious injury.

If so, please explain with date, location, nature of accident, review, conclusion, etc.

Do you have a currently valid Medical Certificate? Yes No

Expiration Date

Please indicate briefly your reasons for applying for membership.

REFERENCES

Club Member Phone #

Non-Member Phone #

Non-Member Phone #

If you are purchasing a share from a member, please name that member

Amount

I am familiar with the By-Laws, Rules, and Regulations of The Flying 64th, Inc. and I agree to abide by them if elected to membership.

By typing your name here, you accept this as your digital signature