

FLYING PARTICLES, INC.

P.O. BOX 1156
LIVERMORE, CA 94551-1156
(925) 556-6395

A NON-PROFIT OWNERSHIP FLYING CLUB

<http://cessna.tippecanoe.com/fpi.htm>

Application for Membership

FULL LEGAL NAME		
DATE OF BIRTH	DRIVERS LICENSE NO. STATE	OCCUPATION
HOME ADDRESS		EMPLOYER
CITY	ZIP	ADDRESS MAIL STOP
HOME PHONE	WORK PHONE/EXT.	CITY ZIP
EMAIL ADDRESS:		IN CASE OF EMERGENCY CONTACT:
Pilot Certificate Number: _____ Ratings Held: _____		
Last BFR Date: _____		
Last FAA physical examination: CLASS _____ DATE _____		
Limitations as of last physical: _____		
Have you had any accidents or violations? _____ If yes, attach explanation. _____		
Total Flight Hours (TYPE and HOURS): _____ (If NONE, write "none" and ignore the bottom half of this page)		
Total Last 6 Months: _____		
Cross-country pilot-in-command HOURS logged in the past 3 years:		
Total cross-country HOURS logged (dual AND solo):		
(The above information is required for purposes of insurance coverage and club safety practices. It is the responsibility of each member to update such information when it becomes available, and to operate club equipment in accordance with the privileges afforded by the above listed licenses and examinations.)		
Who referred you to Flying Particles? _____		

FLYING PARTICLES, INC.

Application for Membership

The club is incorporated with all members sharing in the operations and continuance of the club and receiving the benefits of the organization.

In consideration of becoming a member of the Flying Particles, Inc.

I, _____ on this date _____, 19____, agree to pay a membership deposit for entrance on terms established in the By-Laws and Flight Regulations of Flying Particles, Inc. and I agree to pay all dues and assessments upon presentation.

I recognize the privileges and responsibilities of membership and agree to treat club property in a reasonable manner observing common safety practices and due consideration for property belonging to other members of Flying Particles, Inc.

It is understood that my membership fees do not cover the costs of flying and instruction or the costs of necessary licenses and medical fees which may be required.

Further, I agree on my own behalf and that of Relatives, Assigns or Representatives, not to hold Flying Particles, Inc. or members thereof (either jointly or severally) liable in the event of my injury or death; and for consideration of membership therein

(It is the responsibility of each member to exercise his/her membership by regular attendance of meetings and by active participation in club functions.)

I hereby apply for membership in Flying Particles, Inc. all information herein is true and correct.

Date: _____ Signature: _____

Individual membership is subject to approval by the Executive Board of the Flying Particles, Inc.

Date: _____ Approved: _____

Credit References (Information will remain confidential):

Checking # _____ Bank: _____

Savings # _____ Bank: _____

Credit Card # _____ Type/Bank: _____