

FLYING PARTICLES, INC.

PO Box 1156
Livermore, CA 94551-1156
(925) 323-8223

A NON-PROFIT OWNERSHIP FLYING CLUB

www.flyingparticles.org

Application for Membership

FULL LEGAL NAME		
DATE OF BIRTH	DRIVERS LICENSE NUMBER / STATE	OCCUPATION
HOME TELEPHONE	WORK TELEPHONE	EMPLOYER
HOME ADDRESS		WORK ADDRESS MAILSTOP
CITY	STATE	ZIP CODE
CITY	STATE	ZIP CODE
EMAIL ADDRESS	EMERGENCY CONTACT	
Pilot Certificate Number	Last Biennial Flight Review Date	
Ratings Held	Last FAA Medical Exam (Enter Class and Date)	
Limitations as of Last Medical Exam	Name and Telephone No. of most recent Flight Instructor	
Have you had any accidents or violations? (If yes, attach explanation)		
Have you ever been arrested for driving under the influence of alcohol? (If yes, attach explanation)		
Total Flight Hours (Enter Type and Hours)	Total Hours Last 6 Months	
Cross-Country Pilot-in-Command Hours Last 3 Years	Total Cross-Country Hours (Dual & Solo)	
<i>The information above 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 and limitations of the above listed licenses and examinations.</i>		
How did you learn of Flying Particles, Inc.?		

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

In consideration of becoming a _____ (regular, student, family, instructor) member of the Flying Particles, Inc., I, _____ on this date _____, 20____, agree to pay a membership equity deposit 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 understand 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 equity deposit and monthly dues do not cover the costs of flying and instruction or the cost of necessary licenses, currency training, and medical fees that may be required.

Furthermore, 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: _____

I hereby grant permission to Flying Particles, Inc., to access my credit report, and provide the following information for this purpose (information will remain confidential):

Checking Account # _____ Bank: _____

Savings Account # _____ Bank: _____

Credit Card # _____ Type / Bank: _____

Social Security Number: _____

Previous address if less than 5 years at current address: _____

Privacy statement: *It the policy of Flying Particles Inc. to keep all private information private. We will not share information, nor will we post it on the internet. You are providing information that is needed for the proper conduct of FPI business.*