

RED BARON FLYERS, INC.

APPLICATION FOR MEMBERSHIP

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Email Address(s) _____ Birth Date ____/____/____

Place of Employment or Occupation _____ Since _____

Pilot Certificates: None Student Private Commercial Instruments

Medical None Class III Class II Class I Basic Med

Have you ever failed to pass the FAA Medical: NO YES

If previous flight experience, list total time _____ Hrs. Describe previous flight experience and training if any:

List aircraft flown as pilot in command _____

Please outline your reasons for applying for membership in the Red Baron Flyers: _____

Have you ever been convicted of a felony or DWI: NO YES

I certify that the above information is a true and correct and that I agree to follow the Flying Rules and By-Laws of the RED BARON FLYERS, INC. I understand and agree to all financial obligations.

Signature

Date

- Bring copy of current Medical & BFR if applicable
- This application is to be presented to the Secretary and will be acted upon at the next regularly scheduled meeting.
- The applicant must appear in person at said meeting.

References: _____
