

NAPLES FLYING CLUB, INC.

In Continuous Operation Since 1955

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MEMBERSHIP APPLICATION

GENERAL:

NAME

MAILING ADDRESS

BIRTH DATE

HOME PHONE

CELL PHONE

OCCUPATION

E-MAIL: _____

FLIGHT EXPERIENCE:

TOTAL HOURS:

TOTAL HOURS CROSS COUNTRY:

TOTAL HOURS PIC:

TOTAL HOURS INSTRUCTION:

TOTAL HOURS CESSNA 172:

TOTAL HOURS CESSNA 182:

HOURS LAST 12 MTHS 172:

HOURS LAST 12 MTHS 182:

CERTIFICATION INFORMATION:

ATTACH COPIES OF YOUR PILOT LICENSES AND CURRENT MEDICAL CERTIFICATE

BIENNIAL GIVEN BY:

DATE:

PHONE: _____

Rating	Date	hours
PPL		
COMM		
ATP		

Rating	Date	Hours
MEL		
INSTR		
CFI		

PERSONAL PILOT REFERENCES:

NAME

PHONE: _____

NAME

PHONE: _____

A CHECK FOR \$25 (MADE PAYABLE TO NAPLES FLYING CLUB) AS A NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. SEND APPLICATION AND CHECK TO THE SECRETARY AT THE ADDRESS SHOWN ON PAGE 2.

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE NAPLES FLYING CLUB, INC. AND AFFIRM THE CORRECTNESS OF ALL INFORMATION STATED ON THIS FORM. I CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE OPERATING RULES OF THE CLUB INCLUDING THE EXPERIENCE REQUIREMENTS FOR PILOTING ALL CLUB AIRCRAFT. FURTHER I GRANT THE DIRECTORS OF THE CLUB PERMISSION TO CIRCULATE THIS FORM TO THE MEMBERSHIP, TO CONTACT ALL REFERENCES AND MEDICAL AND FLIGHT EXAMINERS AS PART OF THE CLUB APPLICATION REVIEW PROCESS AND DO HEREBY HOLD THE CLUB AND ITS DIRECTORS HARMLESS FOR MAKING SUCH CIRCULATION AND INQUIRIES.

DATE

SIGNATURE: _____

SAFE, FUN FLYING THAT'S CONVENIENT TO OUR MEMBERS