



applicant name

Complete the membership application and the insurance questionnaire. Leave the membership agreement blank until your membership has been approved.

Secretary Use Only:

Membership Purchased from: _____

Membership Transferred to: _____

Return the entire packet to:

*Prescott Flying Club
Attn: Club Secretary
1600 Ercoupe Lane
South Saint Paul, Minnesota
55075-3559*



name *date*

street address

city, state, zip

contact information
<i>email</i>
<i>home phone</i>
<i>cell phone</i>
<i>work phone</i>

personal information
<i>date of birth</i>
<i>SS #</i>
<i>driver's license #</i>
<i>country of citizenship</i>

flight experience
<i>pilot's license #</i>
<i>total time</i> <i>tt - past 12 months</i>
1st class 2nd class 3rd class
<i>medical certificate (circle)</i> <i>date of last medical</i>
private commercial atp cfī instrument sel mel
<i>certificates & ratings (circle)</i>

3 references
1.
<i>name</i> <i>relationship</i> <i>phone</i>
2.
<i>name</i> <i>relationship</i> <i>phone</i>
3.
<i>name</i> <i>relationship</i> <i>phone</i>

Education
 highest degree
 institution
 year of graduation

Employment
 name of employer
 location
 employer's phone number
 position

The information contained in this application is true and complete. I authorize Prescott Flying Club Inc. to verify any information contained here. I understand that any misrepresentation is cause for revocation if my membership is approved. I acknowledge that I have read and understand the PFC Inc. by-laws as well as club rules and regulations.	
<i>signature</i>	<i>date</i>

Avemco, our insurance provider, requires that we provide answers to the following questions on our annual insurance renewal application. Please note: Members who do not provide this annually updated information will be unable to make reservations or fly PFC Inc. aircraft..

name _____ *date* _____

pilot certificate # _____

certificates / ratings / endorsements _____ *(list all that apply)*

1. Do you have an effective pilot certificate?

yes no

2. Do you have a current medical certificate?

yes no

class _____ date of last exam _____

3. Are you in compliance with the FAA's flight review requirements?

yes no

date of last review / checkride / FAA Wings sign-off _____

4. Are you in compliance with Avemco's retractable gear requirements? (3 hours in Arrow, P28R-200, in last 180 days.)

yes no

5. Are you in compliance with PFC Inc.'s flight requirements ?

a. 3 takeoffs & landings in last 90 days; or checkride with a CFI in last 90 days.

yes no

b. 3 hours dual required in each 12 month period.

yes no

dates of last 3 dual flights _____

6. Within the last 12 months, have you had an aircraft accident, incident or unreported claim?

yes no (if yes, explain on reverse)

7. Within the last 12 months, has either your pilot's or driver's license been surrendered, suspended or revoked?

yes no (if yes, explain on reverse)

8. Within the last 12 months, have you been arrested or charged with operating an aircraft or motor vehicle under the influence of drugs or alcohol?

yes no (if yes, explain on reverse)

signature

date