

Creswell Airport
83501 N Melton Road
Creswell OR 97426
541-895-5935
www.flyingd.net

TakeWING Aviation Club

MEMBERSHIP STATUS

C T R G
OTHER _____

MEMBER # _____

Date _____

Application

Tarmac (\$40/MO) **Runway** (\$95/MO, aircraft owners) **Cub** (\$33/MO, *high school or college students only*)

Name _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Who referred you or how did you find out about us? _____

EMPLOYER/SCHOOL _____ HOW LONG? _____

TYPE OF PILOT CERTIFICATE HELD _____ Pilot Cert # _____

TRAINING OBJECTIVE: AIRCRAFT RENTAL SPORT PILOT PRIVATE PILOT

HIGH PERFORMANCE INSTRUMENT RATING SPORT INSTRUCTOR G1000

Driver License State: _____ No. _____

Due to TSA security concerns, pilots training for a new certificate or rating must provide proof of U.S. Citizenship. We may also need to conduct a background check. Your signature below indicates your consent to that background check.

49CFR 1552.3(h). I certify that _____ has presented

to me a _____ No. _____ establishing that he/she is a U.S.
citizen or national.

Name: _____ Certificate No. _____ Exp. Date _____

FLYING & MEDICAL HISTORY: Ratings _____ **Total Hours to Date** _____

Date of most recent Flight Review/Cert. or Rating _____.

My most recent aircraft rental or flight was with (name company or instructor) _____

Date of my last flight _____ Make/models of aircraft I usually fly: _____

FAA Medical Class (if any) _____ Date of medical _____

Are there any medications, medical restrictions, or deficiencies that could make you unable to safely perform the duties or exercise the privileges of a pilot certificate? Yes / NO (If yes please explain):

Have you ever had an aircraft accident or incident? Yes No If yes, please explain;

Has your pilot's certificate been suspended or have you had an FAA warning? _____ If yes, please explain on a separate sheet of paper.

Do you have an aircraft renter's insurance policy? Yes No. If yes, please give name of insurance company, phone number and amount of hull and liability insurance carried. _____

Member Signature _____ **Date** _____

EMERGENCY CONTACT(S) List at least one.

Name

Relationship

Phone Number(s)

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OTHER _____

FOR OFFICE USE
Membership Dues Paid

Year _____	January _____	February _____	March _____	April _____	May _____	June _____
	July _____	August _____	September _____	October _____	November _____	December _____
Year _____	January _____	February _____	March _____	April _____	May _____	June _____
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NOTES

Credit Card Payment Authorization

By signing below I authorize TakeWING to charge the credit card listed below for aircraft rental, flight instruction fees, monthly membership dues, and purchases for other goods and services provide by TakeWING.

Credit card # _____

Expiration date _____

Signature _____ Date _____

Print Name as it appears on Card _____

Credit Card Billing Address _____
