

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

TakeWING Aviation Club

MEMBERSHIP STATUS

C T R
OTHER _____

MEMBER # _____

Date _____

Membership Application

Tarmac (\$39/MO) **Runway** (\$94/MO, aircraft owners) **Cub** (\$20/MO, *high school or college students only*)

Name _____ Birth Date _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email _____ Referred By?: _____

EMPLOYER/SCHOOL _____ HOW LONG? _____ PHONE _____

TYPE OF PILOT CERTIFICATE HELD _____ Pilot Cert # _____

TRAINING OBJECTIVE: CLUB RENTAL CHECK-OUT SPORT PILOT PRIVATE

COMMERCIAL INSTRUMENT SPORT INSTRUCTOR TAILWHEEL Other

Driver License State and No. _____ U.S. Citizenship Verification

Due to TSA security concerns, member must agree to allow TakeWING to conduct a criminal background check, your signature below indicates your consent to that background check.

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

Date most Recent Flight Review/Cert. or Rating _____ Aircraft make/models flown most recently _____

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

My last flight was on (date) _____

FAA Medical Class _____ 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)

Name

Relationship

Phone Numbers(s)

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MEMBERSHIP STATUS

C T R
OTHER _____

FOR OFFICE USE											
Membership Dues Paid											
Year _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ January _____	February _____	March _____	April _____	May _____	June _____	_____	_____	_____	_____	_____	_____
_____ July _____	August _____	September _____	October _____	November _____	December _____	_____	_____	_____	_____	_____	_____
Year _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Year _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____ July _____	August _____	September _____	October _____	November _____	December _____	_____	_____	_____	_____	_____	_____

NOTES

Credit Card Payment Authorization

By signing below I authorize TakeWING to charge my credit card below for aircraft rental, flight instruction fees, monthly membership dues, and purchases for goods and services provide by TakeWING. I understand that I am in full control of my automatic payments and can discontinue my payments at any time by notifying TakeWING in writing.

Credit card # _____

Expiration date _____

Signature _____ Date _____

Print Name as it appears on Card _____

Credit Card Billing Address _____
