

Central Florida Flying Club
Membership Application



Please include a \$30 application fee along with copies of your Driver's License, Current Medical, and Pilot Certificate with this application. Applications may be mailed to:

Central Florida Flying Club
2073 US Highway 92, Hangar 125
Winter Haven, FL 33881
Email: info@flyCFFC.com
Website: www.FlyCFFC.com

Applicant Information

Name:		
Address:		
Phone:	Email:	Date of Birth:
Emergency Contact Name:		
Address:		
Phone:	Email:	

Social Member Only

Social/Flying Member

Snowbird Member

List Family members: _____

Pilot Experience

Certificates:			
Total Flight Time:		Last 6 Months:	
Medical Class:	Medical Due:	Flight Review Date:	
Date of Last Flight:			

Have you been (check all that apply):

Involved in any aircraft accidents or incidents _____ Y _____ N

Charge with a violation of FAA regulations _____ Y _____ N

Involved in a motor vehicle accident in past 3 years _____ Y _____ N

Issued a moving violation in past 3 years _____ Y _____ N

I understand the Board of Directors and the membership of the Central Florida Flying Club determine my acceptance into the Club. If I am accepted, I agree to adhere to the procedures and regulations as outlined in the Club's by-laws, membership rules, and decisions set forth by the Board of Directors.

Print Name: _____

Sign Name: _____

Date: _____